

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

September 25 1982

**Franchised
Independents'
a Woolworths**

**PA calls
meeting over
dispensing
'choice' forms**

**PA campaign:
what the
consumer
research
revealed**

**Open Shop:
taking over
from Boots**

**Gallia goes
to Jackel**

**P Conference
round-up**

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COMMENT

Impressions

Now that the National Pharmaceutical Association has begun its series of local meetings to explain the proposed advertising campaign (see p518) details are emerging of the consumer research which has been a necessary preliminary to the campaign. A large number of interesting comments have resulted from the interviews and group discussions, which shed greater light on attitudes to the pharmacist than cold statistics ever could. However, it is the statistics which must give rise to concern.

The Marplan statistical sample, comprising 2,000 interviews, asked the question: "Which of the following, if any, would you consider asking your local pharmacist for — whether for yourself or on some else's behalf?" The answers must clearly make pharmacists stop and reconsider just how much a part of the "community" they really are, in terms of the use the community makes of them.

Even on the most obvious question of "advice on medicines you can buy over the counter", only 47 per cent gave a positive response. And in other areas in which the pharmacist is well qualified to give advice, such as dietary and contraceptive product matters, as few as 3 per cent of respondents considered him an appropriate source of information.

The interviews bear out these statistics. For example, one woman suffering from arthritis was questioned by a pharmacist over a prescription for Naprosyn and "she seemed surprised that he actually knew what illness each drug was for". She later said: "It's only in the past year I have asked the pharmacist anything. I would never have dreamed of it before. If that boy hadn't come out and asked 'are these for you . . . ?'." Clear evidence that the pharmacist's destiny is very much in his own hands.

A point that must be noted by shop designers is that the now ubiquitous raised dispensary (conceived to ensure

compliance with the Society's interpretation of the supervision rules) is in fact a hindrance to the "perceived accessibility" of the pharmacist. Seeing the man or woman in their lofty ivory tower apparently puts many people off "bothering" the pharmacist. Again, the research suggests that too much emphasis on "professional" aspects of the pharmacist's role will also tend to be off-putting.

When pharmacists were interviewed, many did not themselves take in or hand over prescriptions — but the research commentary is crystal clear about those who do and those who don't: "It does not appear to be simply a case of some pharmacists being busier than others. It's partly a question of attitude — those who hand over prescriptions make a positive effort to do so, checking that the customer understands the instructions and paying special attention to old people and young mothers. They generally take the attitude that it is always worth explaining even if the medicine is clearly labelled."

If the proposed campaign succeeds only in awakening pharmacists themselves to their own best professional interests, it appears we will be well on the way to an enhanced professional status.

Late delivery

Production of this week's *C&D* has been delayed by industrial action in the printing industry, associated with the TUC "day of action" in support of the health workers' dispute.

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Private franchises in Woolworths

The pharmacy concession opened up by Pharmacy Advisory Services Ltd in Woolworth, Cheltenham, in August is to be succeeded shortly by further units at Cardiff and Gloucester. The concessions will run as "professional pharmacies" making OTC sales of medicines and some "health" products. After a year successful units will be franchised to single independent pharmacists.

Pharmacy Advisory Services Ltd, headed by pharmacist Brian McElroy (formerly with R. Gordon Drummond), sees this collaboration with Woolworth as "a major boost in re-introducing" independent pharmacists into prime sites.

He believes it will "bring the personal service of the independent community pharmacist back into major shopping areas".

The PASL-run pharmacies will act as a "centre care area" within a Woolworth store, in which all health care merchandise will be located (including Woolworth's OTC medicines).

No toiletries

A variable selection of babyfoods will be included in the pharmacy according to the local situation — the inclusion of health foods and dietetic products is under review. However, no cosmetics, perfumes, toiletries, photographic or other "non-professional" goods will be within the pharmacy but they will be centred round that unit by Woolworth.

A spokesman for the PASL told *C&D*: "We are aiming at running a professional pharmacy working through from prescription products, OTC medicines and surgical requisites to meeting the customer's health needs. The whole emphasis will be on professional pharmacy."

It is intended that following a successful proving period of around a year each pharmacy concession will be made available to individual pharmacists who will become the franchise owners. At this stage it is not envisaged that multiple ownership of a number of franchises will be permitted.

PASL say the new venture will help Woolworth revitalise health care inventories, and extend them where necessary, in order to offer the patients and customers a cohesive and comprehensive range. This should lead to

a significant improvement in the Woolworth marketing of such products.

The pharmacy department at Cheltenham (*C&D*, September 11, p405) has a raised dispensary 24 x 10ft, fronted by the medicine counter with a separate prescription reception and consultation point. Opened on August 27, the department in Cheltenham has been situated adjacent to the existing optician, to establish a major professional area within the store, says the company.

PASL have a number of other Woolworths under review in addition to Cheltenham, Gloucester and Cardiff. ☐ Woolworths this week requested suspension of trading in their shares on the London stock exchange. As *C&D* went to press, it was announced that US parent F.W. Woolworth Company have been conducting discussions with a third party. Because rumours of an imminent bid have long been circulating in the market, the British company was asked to suspend listing of its shares pending a further announcement.

RPA meeting over 'option' forms

The Rural Pharmacists Association has called an emergency meeting of members and all pharmacists to establish an opinion on that part of the Clothier agreement relating to the "option forms" being held by doctors for signature by the patient. A tripartite meeting of the Pharmaceutical Society, Pharmaceutical Services Negotiating Committee and British Medical Association will take place on October 6 and could be the final one between the parties on the Clothier arrangements.

The RPA claims that if rural patients have to sign option forms in the presence of the dispensing doctor there is no



The president of the Pharmaceutical Society of Great Britain, Mr W.H. Howarth presents Mr K.W. Free, MPS with the C&D Research Medal and Award at the BP Conference practice research session. Mr Free's paper was on a survey of prescriptions reported in E. Anglia (see last week, p469).

"freedom of choice." They strongly condemn this method of dispensing doctors acquiring signatures of consent under the doctor's direct influence.

RPA secretary, Mr John Davies, told *C&D* the RPA believes that the proper place for the "option" form to be held is the Family Practitioner Committee. He expected pharmacists would be prepared to defray any additional administrative costs involved. Mr Davies said that the consequence of doctors presenting "option" forms to a patient would be "suicide" for rural pharmacy.

Mr Alan Smith, chief executive, PSNC, told *C&D*: "We would much prefer the "option" forms to go from the FPC to the patient but this system was unacceptable to both the doctors and the FPC administrators. "The RPA must make up its mind whether or not this is to be the sticking point. If we don't accept this we will not get Clothier."

Mr Davies says: "This is a great opportunity to show the DHSS, the GMSC and our own PSNC what rural pharmacists throughout the country really feel about rural dispensing problems." Other matters to be included on the RPA meeting agenda are:- doctor accountability, advertising rural pharmacist's services and extending the one-mile limit.

The meeting will take place on Sunday, October 3, at the Crest Hotel, Coventry (M6 junction 2) at 11am. The cost of overnight accommodation is £37 (double £31.95) — the charge for Sunday will be £11. All pharmacists wishing to attend should notify John Davies by return at 8 High Street, Wiveliscombe, Taunton. Those unable to attend are asked to submit their views in writing.

Discounts inquiry: a last chance?

The Pharmaceutical Services Negotiating Committee is to send a third and final reminder to 270 contractors who have failed to participate in the discount inquiry. So far 240 contractors have agreed to take part but this is not a large enough sample to satisfy the DHSS who will meet again with the PSNC before the end of September — the second anniversary of the discount claw-back — to decide on a course of action if there is an unsatisfactory response to the letter.

Mr Alan Smith, chief executive, PSNC, told *C&D* that at a meeting held last week with the DHSS, the Minister for Health was again threatening to use his powers under Section 57 of the NHS Act to make pharmacists produce their accounts. This section controls the *maximum* prices that may be charged for medicines under the Act. Should this section prove insufficient in law to gain access to the accounts of contractors, Section 2 of the Act gives a Minister ample power to do so, Mr Smith said.

"Both sides were concerned that there hadn't been sufficient response to the discount inquiry because of the considerable contingent liability involved. For each percentage difference up or down from the present discount that has been recovered since October 1980, Mr Smith said £15m would have to be added or to be debited to the contractors' account with the DHSS. This is a very large contingent liability. Hence our wish to get this figure finalised."

Two science awards made this year

Two science awards for 1982 were announced at the closing session of the British Pharmaceutical Conference meeting in Edinburgh last week — Dr Kelvin Chan won his for his work on pharmacokinetics and Dr Raymond Rowe for "fundamental and practical works" on film coating.

Professor A. T. Florence, the retiring science chairman, reminded conference that the standards of the science award, made to pharmacy graduates under the age of 35 on the merits of published work were jealously guarded. None had been made last year, for example.

He then gave details of the papers submitted to this year's science sessions — 84 communications, 27 posters and also four demonstrations. Forty workers had presented material for the first time, he said. A very wide range of pharmaceutical scientists had made presentations and they were predominantly young. The source of the various papers was given as: schools of pharmacy, 70 per cent; hospitals, 9 per cent; industry, 11 per cent and overseas, 15 per cent. Professor Florence said he

would like to see more "overseas participation" in the science sessions.

The presentations had been of a uniformly high standard but some science sessions had been very poorly attended — for example, by only four of the 1,000 conference delegates in one instance. "If we adopt a careless and cavalier attitude in science sessions some contributors will not return and others will be disillusioned."

Professor Florence also expressed disappointment at the publicity given to the conference by the Press. It (the Press) had concentrated on a "very minor aspect" of what Conference had been talking about (the politics of doctor / pharmacist relationships). "There is obviously much work to do in publishing the scientific proceedings, without which this conference would surely be diminished," he said. Professor Florence asked the new science committee and chairman to consider this aspect of Conference during the next year.

Professor Florence's successor as science chairman is Dr Trevor Jones, director of technical development, Wellcome Foundation. Dr Jones was a lecturer at Nottingham University 1967-72 and was then with Boots until 1977 when he joined Wellcome. Currently an administrator, he still carries out research into powder technology and drug delivery systems.

Dr Jones paid tribute to the performance of Professor Florence in committee and at Conference. "In terms of erudition, education and entertainment, Professor Florence had been an outstanding Conference chairman", he said.

Mr S. Durham, Sheffield, accepting the president's invitation to comment on Conference arrangements, complimented Mr Howarth on the manner in which he had carried out his duties during the week.

Finally, Mr Colin Hitchings, vice-president of the Society and chairman of the 1983 local conference committee, invited members to London, September 12-15. Mr Hitchings gave brief details of the venues for the traditional Conference functions and lauded London as the venue "with everything".



The Professor A.T. Florence (right), the 1982 Conference science chairman passing on the badge of office to his successor for the 1983 London Conference, Dr Trevor Jones, director of technical development, Wellcome Foundation.

BBC apology over Migraleve on TV

Some patients taking Migraleve have been concerned about the safety of the product, following the showing of the product's distinctive tablet packaging during a television programme last week.

To reassure both patients and pharmacists, the makers, International Laboratories Ltd, have issued the following statement:-

"On Tuesday, September 14, BBC television's 'Nationwide' programme included discussion of problems arising from confusion and errors between doctors and pharmacists with regard to prescription writing. This was illustrated by a visual display of certain products which had been the subject of problematical case histories.

"One such case was an incidence of gangrene resulting from accidental over-prescribing of a migraine treatment. While referring to this, two strips of Migraleve tablets were shown on the screen. Although the product was not named, the strip is so distinctive that many viewers recognised it and contacted our offices in concern.

Not involved

"We draw the attention of all chemists and doctors to the following points:

1. Migraleve was not the product involved in the gangrene case referred to, which related to an ergotamine-based migraine treatment. Migraleve does not contain ergotamine, and in no circumstances - nor in any quantity — could it possibly cause gangrene. Migraleve had no relevance whatsoever to the case discussed.
2. The BBC have submitted a corrective statement for broadcasting in "Nationwide" and this will be transmitted as soon as we have approved the text.
3. Fifty per cent of Migraleve's sales are made over the counter, without a prescription. It is possible that customers who have seen the original programme may indicate to chemists their confusion and concern about Migraleve and we urge you to clarify immediately the mistake that was made.
4. We ask doctors and chemists to contact us immediately (Alton 88174) if you are faced with any kind of query or problem relating to this error which you are unable to resolve yourself to total satisfaction.

"A high patient preference has long been established for Migraleve as a rapid, safe and effective treatment for migraine. For very many years pharmacists have recommended and doctors have prescribed it with total confidence. They may continue to do so wholeheartedly".

□ On Tuesday this week, "Nationwide" apologised for any misunderstanding which may have arisen and accepted that Migraleve has no connection with or relevance to the gangrene case mentioned.

Advertising must be given time to work

The National Pharmaceutical Association's proposed advertising campaign may take two or three years to bear real fruit. Research has shown that while the pharmacist has a "helpful" image, only a minority of consumers are aware of his expertise, and fewer still regularly make full use of it.

Results of the research — and the warning not to expect quick results — are being presented to local meetings of NPA members which began this week. Mr Andrew Carnegie, a director of BEAM Advertising who are handling the campaign, says that even the pilot research identified a small number of people who rarely visited the chemist. "We were reassured to find that the pharmacist was generally felt to be a very helpful individual but that the larger the outlet the more impersonal the service — and inevitably Boots was mentioned as an example." The private chemist was generally seen as an expensive outlet for most of the products he sold.

Satisfied with supermarket

The research examined attitudes to the sale of medicines by pharmacies. Most respondents felt that it was sensible to buy "the sort of items you keep all the time" at the supermarket because they were cheaper there. Only a minority preferred to go to the chemist for all medicines. The research also identified the possibility (confirmed in later research) that the elderly, though frequent users of the pharmacy, sought advice from their doctor. The elderly and less well-off found the free prescription an incentive to visit the doctor.

The most commonly held view was that the pharmacist would always come out and offer advice if asked, but little was known about the pharmacist's actual qualifications — he was generally seen as "definitely not just a shopkeeper". Consumers were also asked about extra services which might be provided by the pharmacist — from ear-piercing and chiropody to pregnancy and family planning.

The consumer research was followed by in-depth and telephone interviews with pharmacists. These endorsed the recent NPA policy statement in recognising the importance of contact with customers. They also showed favourable reaction to Boots' participation in the campaign —

provided it showed the pharmacist as an individual.

Most NPA members favoured running the campaign and agreed that it should:-

- ☐ Encourage the public to use the pharmacy for all medicines.
- ☐ Explain the skills of the pharmacist and portray him as a drug expert.
- ☐ Show the pharmacist as a source of advice on general health problems.
- ☐ Invite the public to seek advice on minor ailments.
- ☐ Show the pharmacist as caring for his customers.

"We also identified a reluctance on the part of pharmacists to become involved in ear-piercing, chiropody, etc, but a willingness to offer advice on hair and skin care, dietary problems, contraceptive products and invalid, baby and convalescent care."

A basic bench-mark

The final stage of the research was to interview, through Marplan, a random sample of nearly 2,000 individuals to provide statistically-viable reassurance of the findings — and to allow measurement of the success of the campaign by checking attitudes and awareness movements against a bench-mark.

"We found that women, particularly those with young children, were the most likely to seek advice from the pharmacist. Men were less likely to ask for advice, as were the elderly and those in the DE socio-economic groups. Altogether 71 per cent "might seek advice" — 78 per cent of women and 64 per cent of men.

"The research indicated a latent willingness on the part of young people to ask advice — for example 36 per cent of women without children aged 15-24 would consider asking the pharmacist for advice on hair/skin care. Only 7 per cent of all women would consider asking the pharmacist for dietary advice and 3 per cent for advice on contraceptive products. Currently 36 per cent would seek advice on minor ailments, 25 per cent on medicine or prescriptions and 40 per cent

on medicines you can buy over the counter. It all adds up to a good basis on which to build confidence and ensure the growth of your business."

With the aid of the information the advertising agency had to select the style and content of the message and the right medium to say it. "We are embarking on a difficult educational campaign that is only likely to bear real fruit after two or three years," said Mr Carnegie.

"Our instincts told us to use television and there are powerful reasons for this medium. However, we are convinced that initially at least the best medium to reach the target audience is magazines. They have a long life, and can be studied at leisure and we can convey a message that requires rather more consideration than just a brand of baked beans.

Finally, Mr Carnegie summarises the campaign objectives:-

- ☐ To promote the role of the retail pharmacist to the public and thereby develop his reputation.
- ☐ To persuade the public that the pharmacist is a vital member of the local health care team.
- ☐ To encourage more people to seek advice from the pharmacist about all aspects of medicines and family health care.
- ☐ To inform medical, media, and political interests of the perceived role for the pharmacist.
- ☐ To promote the pharmacist as the interface between the public and medicine.

"In terms of what we call a 'key benefit statement' to the consumer we are saying 'Where family health matters are concerned you can trust your pharmacist to offer you expert advice', which you can see we have summarised in the line, 'Ask your pharmacist. You'll get the right answer'."

Who needs pharmacists?

Introducing Mr Carnegie, Mr Tim Astill, NPA director, had said that the removal of the need for manipulative skills had led to questioning of the need for pharmacists. To that he replied: "Only a pharmacist is in a position to check the prescription and to ensure that it is correct in every detail. It should be the pharmacist who clarifies ambiguities by discussion with the patient or by contacting the prescriber. The pharmacist, and only the pharmacist, is qualified to identify potential interactions between a particular drug and other drugs that the patient may be taking, and of course the pharmacist should supervise his dispensary staff in the dispensing of the final preparation."

"It should be a pharmacist who hands the medicine to the patient, ensuring as he

does so that the patient is in no doubt whatever as to how that medicine is to be used and any precautions that need to be observed in its administration. The pharmacist should discuss the use of the medicine with the patient wherever necessary and should do his best to allay any fears, and remove any anxieties or doubts that the patient may have."

"I am not suggesting that the pharmacist should spend no time at all in his dispensary, but most pharmacists do need to think very hard about the organisation of their businesses and take steps to ensure that they spend a great deal more time in the front shop talking to their customers."

More comprehensive

Turning to OTC medicines, Mr Astill said: "We must ensure that as many people as possible buy their medicines from pharmacies, first because the pharmacy has a much more comprehensive range to choose from than any other retail outlet but, most importantly, in a pharmacy there is a pharmacist who is the one person best qualified to advise on the choice of medicine and the precautions that need to be taken in using home remedies." However, if the pharmacist's presence were not seen to exist "many of the arguments in favour of buying medicines from pharmacies simply go out of the window."

Mr Astill also revealed that the NPA

Board is stepping up public relations and has arranged meetings with senior civil servants, politicians, media editors and columnists and other people of influence. Guidance would also be sent in the New Year to NPA branch officials suggesting how they can help to get the pharmaceutical message across in their localities.

Pointers from the research findings

Qualitative research among consumers took the form of two group discussions with mothers aged 25-40 and 10 in-depth interviews with old-aged pensioners.

The majority of the younger women regarded themselves as frequent visitors to the pharmacies in their areas, though there was a small number who rarely went to a pharmacy. Independents were the main source of prescriptions because of their convenient position, with Boots being used mainly for non-prescription purchases — or for prescriptions as part of a larger shopping trip. In one area, however, a larger independent was considered to be impersonal and to have unhelpful assistants.

Although most of the elderly would always buy aspirin from a chemist, the younger women frequently bought products such as Hedex and paracetamol at the supermarket during the weekly

shop. They felt this cheaper and more convenient than going to the chemist. It was accepted there was nobody from whom to seek advice in a supermarket or drug store, but the women did not feel advice necessary with these items. A few women preferred to go to the chemist for all medicines and some would buy junior Disprin only from the chemist.

About half the women with children had actively sought advice from a pharmacist, but few old people had ever done so. Advice sought included cough mixtures for children, skin complaints, burns and drug compatibility, and ABC1 women appeared to ask more advice than C2Ds. Asked about the advertising campaign, the C2D group felt they did not know much about pharmacists and that they ought to — not least because of the time they could save by visiting a pharmacist rather than a doctor or a hospital.

Deterred by appointments

Old people, in contrast to women with children, did not see minor ailments as something on which they would need advice. The women felt the need for advice but would prefer to go to the doctor — though they were often deterred by appointment systems etc. "There was particular resentment at the power of the receptionist, able to decide whether one's illness required immediate treatment or

Concluded on p520

Jenny's about to put you in the red.

Red Kooga that is! Thousands of people take Red Kooga Ginseng daily because it's the best. Red Kooga is already the established brand leader, but there is still enormous untapped potential for Ginseng.

Jenny is appearing in an extensive campaign in women's magazines and T.V. Times from June to December. In all ads we're inviting readers to send for a free booklet about Ginseng and a voucher worth 20p off any Red Kooga product.

Many more people will want to discover the benefits of Red Kooga, and of course that's much easier with the new 14 day trial pack.

Make sure you're well stocked with Red Kooga. Contact your wholesaler or English Grains representative now. Telephone 0283 221616.



RED KOOGA the house of health

not and also empowered to write prescriptions with what group members considered to be very little medical knowledge."

However, some women felt they could approach their doctor at any time and saw an advantage in the records he kept and the privacy of the consultation. (Later in the discussions the suggestion arose that pharmacists might provide a small private room "where one could possibly wait for attention and ask 'embarrassing' questions".)

Women with children familiar with a number of pharmacies had noted the varying accessibility of pharmacists — pharmacists in larger multiples were generally thought to "tuck themselves away". The researchers found that a substantial difference could be made in the pharmacist's "perceived" accessibility by organising the dispensary so that he was always in view of the consumer and within speaking distance. The raised type of dispensary, it is suggested, may have resulted in one description of the pharmacist as "separate". It was agreed there is little conception of the "family pharmacist" equivalent to the "family doctor".

None of the people interviewed had a particularly clear idea of the qualifications and training required to become a pharmacist. However there was little evidence to justify the belief that the public does not see pharmacists as trained professionals "but as glorified shopkeepers". The researchers believe it more important to tell the public the type of questions the pharmacist can answer than to give precise details of his training. "It might also be counterproductive to stress the 'professional' side of the pharmacist as it might make them less approachable by consumers, creating the image of a god-like figure which sometimes hinders the doctor / patient relationship."

In private pharmacies, assistants were seen to be very helpful and friendly, able to answer minor queries and referring others to the pharmacist. In large multiples, assistants were thought to refer all queries.

Although suggestions for extra services (see above) were generally well received, there was concern that the pharmacist could become over-burdened and unable to give time to customers. "We do not want him to become a jack of all trades", said one woman.

New officers

■ The British Society for the History of Pharmacy has elected the following officers for 1982-83: - President, Dr W. E. Court; Vice-president, Mr A. G. Mervyn Madge; Joint secretaries, Dr W. E. Court and Mr A. Wright; Treasurer, Mr J. C. Bloomfield.

TOPICAL REFLECTIONS

By Xrayser

Publicity

I've been advocating a properly planned programme of publicity for retail pharmacy for years, but thought I was crying in the wilderness for all the attention that seemed to be paid. Then, all of a sudden, the pent-up energies of those pharmacists who saw the need for public recognition reached the critical mass — and wham!

Now we have it. On one side we have Tim Astill on radio at peak time making beautiful points about our work and responsibilities, with a modesty which itself must do a great deal to enhance our position, while on the other side the president of the Society has finally got off the perch and is telling us it is our collective responsibility to make sure we know what we are, what we want, and that we must leave the public in no doubt about the value of our community role.

As part of the process of pulling ourselves up I think I may have suggested previously that our inspectorate should be given a pile of brochures to show us what is acceptable and what is not — coupled with the power to close premises which after a couple of warnings (at monthly intervals?) have either not conformed or cannot produce concrete proposals of guaranteed change. A certain vigour of approach is needed.

For what it is worth, I confess to having made some conscious changes of procedure in my business when dealing with prescriptions as they are handed in. I thought Mr Bubb's recent suggestions about checking all details on receipt would give a far more efficient working practice than having to find out later when the script was on the bench or being collected. It does. Apart from making the dispenser's work more straightforward this early contact with the patient seems greatly valued by them and must form a part of the caring professional reality we have to project from now on. And I thought I was perfect!

Home insulin

Today has seen the first mailing from a manufacturer of the new human insulins. From the reading it would appear to be a matter of time before all patients will be switched on to the new products, since the lack of side effects must make it the preparation of choice. I find myself wondering how I am to phase my buying of current products, since without counting I must have a dozen different varieties of animal insulin in stock at present, and twenty or so patients who

expect to get stock on demand, some of them presenting scripts for up to three months' supply at a time. Personally I hope to see only a couple of varieties in stock within a year, though I guess the competition between makers will ensure my Utopian ideas don't come to much.

My heart sank...

... when I read the cost comparisons between doctor and pharmacist dispensing, since the figures are almost certainly going to be quoted *against* us in various committees. Like the Editor of *C&D*, I think the unsaid will *have* to be said and smartly circulated in the form of a proper explanation of how the doctors manage to make 15 per cent profit on turnover whereas we only manage 4 per cent. Average bods like me need telling!

New goods

Warner Lambert are to bring out yet another Benylin variant, at a time when I have just determined to take no new additions to my retail medicine inventory. Honestly, chaps, you can have too much of a good thing, what with all the other Benylins, Actifeds, Famels and the rest in their myriad complexities. I want a simpler life and frankly think it a bit unrealistic for any of these manufacturers to imagine they are going to get a bigger share of the "market" by spreading their offerings to net every possible potential cough-er (coffer?).

But if someone wants to produce a product which might find a place on this pharmacist's shelves, why not a sugar-free range of simples like a palatable mist expect or a solution of a cough suppressant without all the extra added unnecessary?

And I see Gibbs are going to combat rampant dental disease by introducing a new toothpaste. I'm sure their research has been properly done, as it was in the mouthwash market, but I am surprised to learn 91 per cent of the public have gum disease. I find it hard to accept and am wondering by what standards such ill health was assessed?

Yet with experience of Gibbs' support I'll buy the initial sell-in, since they tell us the price won't be cut, etc, and Gibbs efforts to improve dental hygiene have been longterm and of demonstrable value — even if they are, quite properly, commercial.

But 91 per cent of us diseased? I would deprecate any attempt to publicise this fact. It would be subversive. It could mean the end of kissing.

**New Minima. A small
essential, a huge opportunity.**

ACTUAL SIZE



Panty liner sales are growing fast. New Minima will make the market grow even faster.

Minima is the only panty liner that's designed as an everyday toiletry.

Designed for comfort, with a unique tapered shape.

Designed for style, in a slim carrying wallet.

Heavyweight advertising support.
And a special 25p introductory
price-marked pack.

**New Minima panty liners.
Big potential in a small box.**

Minima

50p

OFF
COUPON

To the Retailer: Hand this coupon to your local wholesaler who will allow you 50p off the price of one case of Minima Panty Liners. Coupon valid until 31st December 1982.

To the Wholesaler: Provided that this coupon has been accepted as part payment for one case of Minima Panty Liners, this coupon will be redeemed at face value plus normal trade handling allowance. Coupon valid until 28th February 1983. Send coupons to: Sancellia Redemption Centre, PO Box 661, 51 The Mall, London, W5 3TD

WD 318 England 651241



The most potent pharm

Announcing a pharmaceutical breakthrough that's going to do wonders for your business.

The first part of the formula is Paracetamol.

23 million people (half Britain's mainstream OTC analgesic users) choose Paracetamol products, with a high proportion in the younger age groups.

It's a huge market with plenty of room for diversification.

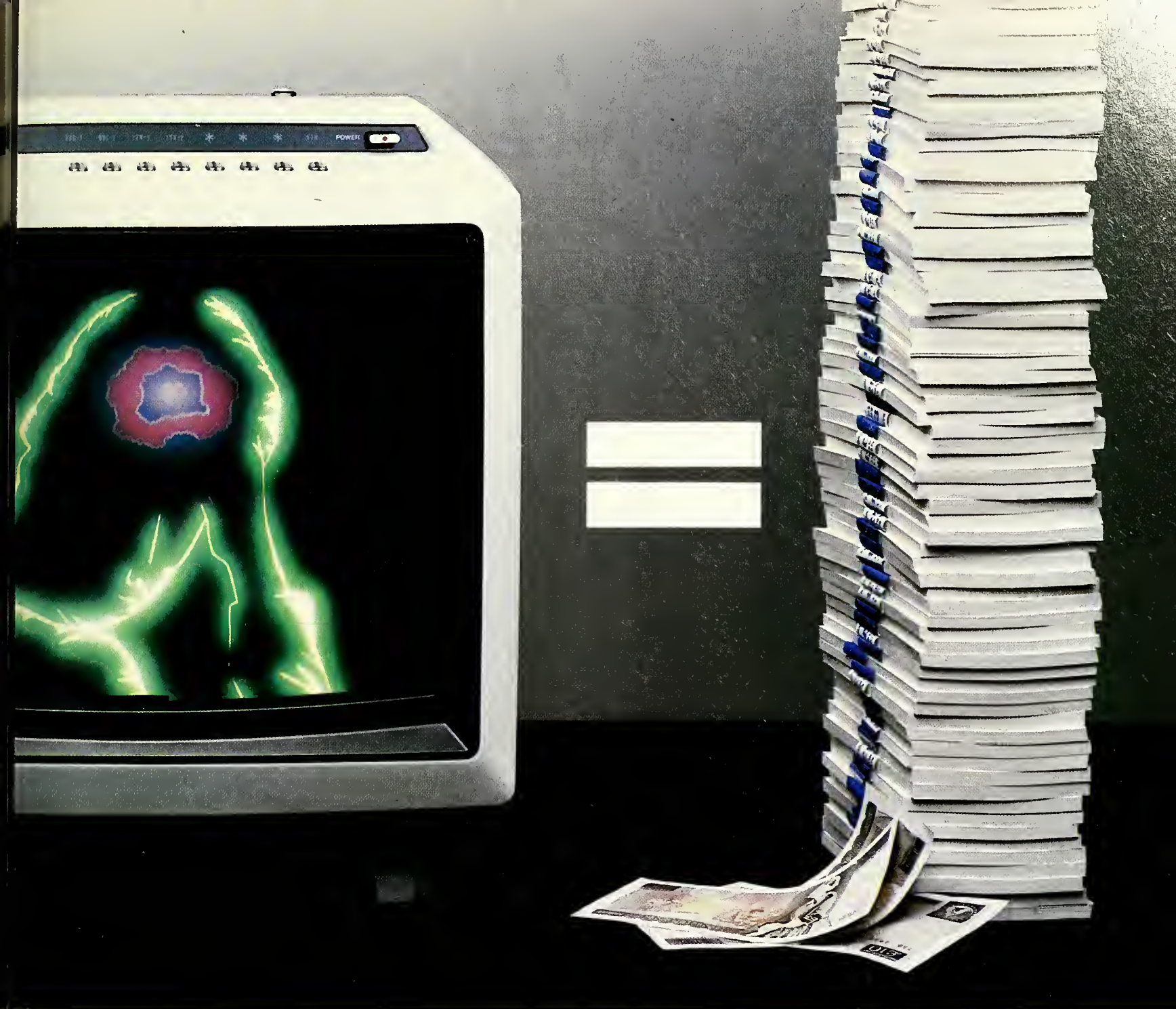
Yet up to now, Paracetamol has only been available in pill form.

That's why ICC, makers of Anadin, that market-leading analgesic, are launching Tramil.

It's the first Paracetamol in a capsule.

Tramil is unique on the U.K. market: Easy to take, with no aftertaste. Fast-acting. And gentle on the stomach.

In approved child-resistant packs of 12's and 25's.



Pharmaceutical formula in years.

Everything from the product formulation to the TV commercial has been heavily researched. And ICC are making one of the largest investments in the analgesics market for over a decade.

In fact a million pounds will be spent on TV over the first 6 months alone.

But the best news of all is that premium pricing levels plus considerable trade margins are set to give you maximum profits per square foot.

And that's got to be a formula for success.



At last, Paracetamol in capsule form.

ICC Ltd., 11, Chenies Street, London WC1E 7ET Sales Department 01-636 8080

MUCRON THE TOP SELLING CATARRH REMEDY *BACK ON T.V.!!*



- **Heavy T.V. Campaign in bursts right through from September 1982 to March 1983**
- **£½ million spend on already proven commercials.**
- **PLUS £¼ million National Press Campaign.**

Be prepared
for the extra and
profitable sales
**CHECK YOUR STOCKS
AND BUY IN
NOW!**

Mucron-THE BRAND LEADER

Another guaranteed product from International Laboratories

Unichem's plans for Cyprus

The director of pharmaceutical services for the Cypriot Minister for Health, Mr Eftichios Kkolos, will be opening Unichem's 1982 Cyprus convention next month.

Unichem chairman, Mr Norman Sampson will open the proceedings on Monday, October 18, the first working day of the conference. He will then be followed by Mr Robert C. Bennett, a partner of Spicer & Pegler, who will give a lighthearted talk on "Tax and business matters". Dr L. Mervyn, technical director of Booker Health Foods, will then discuss the sale of health foods in retail pharmacies.

There will be individual workshop sessions on Tuesday and, on Wednesday, Mr David Nichols of C. E. Heath will discuss pensions for the self-employed and the smaller business. Mr Jim Whitnall, sales director of Baxter Fell Northfleet Ltd will be telling pharmacists "How to make sales space pay". The diverse subjects of "Asthma in the eighties" and then "Technology in community pharmacy" will be the afternoon topics.

After more workshop sessions on Thursday, further lectures will include a discussion led by Mr Richard Archer of National Westminster Bank, who will advise on "Getting the best from the bank". Sales and marketing managers from Bowater-Scott, Kimberly-Clark, Lilia-White and Tampax will talk about "Profits and progress in the sanitary protection market."

The first two days of the convention will be free days for the delegates to relax and there will be welcoming parties in the evenings.

News in brief

■ The index of retail prices for all items for August was 323.1 (January 1974 = 100) representing virtually no change on July (323.0) and an increase of 8.0 per cent on August 1981 (299.3).

■ Health service administrators were urged to press for action to reduce the high cost of drugs by Mr Clement Freud, MP for the Isle of Ely, at the Liberal assembly in Bournemouth this week. He described the cost of drugs as "extraordinarily high". Mr Freud maintained that only a small percentage of the profits of the drug companies would be sufficient to provide a satisfactory salary increase for health service workers and end the present disruptive action.

■ It has been drawn to our attention that the Government's Loan Guarantee Unit is now located at Department of Industry, Room 212, Ashdown House, 123 Victoria Street, London SW1E 6RB, and not as stated in Points of Law, September 4.

PRESCRIPTION SPECIALITIES

First product of RNA technology

Humulin, Lilly's human insulin, is the first commercially produced product for human health care resulting from recombinant DNA technology, the company claims. The insulin so produced is identical to that produced naturally in the human body.

Humulin S Humulin I

Manufacturer Eli Lilly & Co Ltd, Kingsclere Road, Basingstoke, Hants RG21 2XA

Description Humulin S: sterile clear colourless aqueous solution of human insulin (crb) adjusted to a pH of 6.6-8.0. Humulin I: sterile suspension of white crystalline precipitate of isophane human insulin (crb) in an isotonic phosphate buffer adjusted to a pH of 6.9-7.5. Each presentation is available in strengths of 40 and 80 iu/ml

Indications Treatment of insulin-dependent diabetics. Human insulin may be of particular benefit in the treatment of insulin allergy, insulin-induced lipodystrophy, insulin resistance and labile diabetes

Dosage To be determined by physician according to the requirements of the patient. Humulin S is a short acting preparation which may be administered by subcutaneous, IM or IV injection. Onset of action occurs at about 30 minutes with a duration of 5-7 hours and peak activity at 1-3 hours. Humulin I should be administered by subcutaneous or intramuscular injection only and is an intermediate-acting preparation; onset of action occurs at about one hour, with a duration of 18-20 hours and peak activity at 2-8 hours. Humulin S may be given in combination with Humulin I as required, and usually as a twice daily regimen. The effects of mixing with insulins of animal origin have not been studied and the practice is not recommended

Contraindications Hypoglycaemia. Under no circumstances should Humulin I be given intravenously

Precautions It is essential to maintain good control of insulin-dependent diabetic patients throughout pregnancy. A small number of patients transferring from insulins of animal origin may require a reduced dosage, especially if they are tightly controlled and bordering on hypoglycaemia. The dosage reduction may occur immediately after transfer or be a gradual process over several weeks.

There is a risk of hypoglycaemia if insulin requirement is decreased. Insulin resistant patients receiving more than 100iu daily should be referred to hospital for transfer. Insulin requirements may be increased during illness or emotional disturbance or by concurrent administration of drugs with hyperglycaemic activity eg. oral contraceptives, corticosteroids or thyroid replacement therapy. Requirements may be reduced in the presence of renal or hepatic impairment or by concurrent administration of drugs with hypoglycaemic activity eg. monoamine oxidase inhibitors and β -adrenergic blockers

Pharmaceutical precautions Should be stored in a refrigerator between 2° and 8°C. Humulin I should be shaken gently before using. When mixing insulins the shorter acting should be drawn into the syringe first. It is advisable to inject immediately after mixing

Packs 10ml glass vials in packs of five. Humulin S 40iu/ml £2.70 per vial, 80iu/ml £5.40. Humulin I 40iu/ml £2.70 per vial, 80iu/ml £5.40

Supply restrictions Pharmacy only
Issued September 1982

Pulmadil nebuliser capsules

Manufacturer Riker Laboratories, Morley Street, Loughborough LE11 1EP

Description Opaque red / red size No 1 capsules, each containing rimiterol hydrobromide 12.5mg

Indications Relief of bronchospasm in bronchial asthma and chronic bronchitis. Rimiterol hydrobromide is a sympathomimetic agent with selective action on β_2 -adrenergic receptors

Dosage Contents of capsule should be emptied into 2.5ml of sterile water or normal saline to give a 0.5 per cent w/v solution for nebulisation. The solution should be freshly prepared. The duration and frequency of administration depends on the severity of the patient's condition. In acute cases in hospital administration for three minutes at intervals as short as half an hour, with 40 per cent oxygen may be required. In less urgent cases

0.25-0.5ml of the solution should be nebulised every 2-5 hours as required
Contraindications, precautions etc As for other rimiterol hydrobromide preparations. It is important to remember that excessive use of any inhaled bronchodilator can indicate a lack of response. This is a grave sign suggestive of status asthmaticus and the patient should be admitted to hospital without delay

Packs 40 capsules (£3.75 trade)

Supply restrictions Prescription only
Issued October 4, 1982

Prescription Specialities *Continued from previous page*

Duovent inhaler

Manufacturer WB Pharmaceuticals Ltd, PO Box 23, Bracknell, Berks RG12 4YS

Description Pressurised metered dose inhaler: 10ml vial (200 metered dose) as a complete unit with mouthpiece. Each dose contains fenoterol hydrobromide 0.10mg and ipratropium bromide 0.04mg

Indications Treatment of reversible airways obstruction as in bronchial asthma, bronchitis and emphysema.

Fenoterol hydrobromide is a β_2 -adrenoreceptor stimulant and ipratropium bromide an anticholinergic drug. There is evidence that concurrent administration produces greater relief of bronchospasm

Dosage Adults: one or two puffs three or four times a day. Children over six years: one puff three times daily. Administration should be supervised by an adult

Contraindications Known hypersensitivity to atropine

Precautions As for other fenoterol hydrobromide preparations and anticholinergic drugs. Caution in patients with thyrotoxicosis, myocardial insufficiency, angina and cardiac dysrhythmias, hypertension; and glaucoma and prostatic hypertension. Possible interactions with monoamine oxidase inhibitors or tricyclic anti-depressants

Side effects Transient sympathomimetic effects may occur, but are uncommon. anticholinergic side effects unlikely at therapeutic doses

Packs 10ml vial (£5 trade)

Supply restrictions Prescription only

Issued September 1982

Suscard buccal

Manufacturer Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX

Description White biconvex tablets, marked with "P" inside a hexagon on one face and the dosage strength on the other. Each contains 1mg, 2mg or 5mg glyceryl trinitrate for buccal administration in a sustained release form

Indications The management and treatment of angina pectoris; congestive heart failure

Dosage In the treatment of angina administration should start with the 1mg strength increasing to 2mg if angina occurs while a tablet is in the mouth. The 5mg strength is reserved for cases refractory to treatment with lower strengths. To treat occasional attacks the tablets can be taken intermittently, for the chronic condition on a thrice daily basis. Congestive heart failure may be treated with 5mg, three times daily. In moderate to severe cases, particularly where patients have not responded to digitalis / diuretic therapy, the dosage may be increased to 10mg thrice daily for three to four days. The tablets should then be placed between

the upper lip and gum, on each side of the front teeth

Contraindications, precautions, side effects As for glyceryl trinitrate

Pharmaceutical precautions Dispense in glass containers

Packs Bottles of 100 tablets of the 1mg and 2mg (£7.33 and £10.90 trade respectively). The 5mg in bottles of 60 (£12.62 trade)

Supply restrictions Pharmacy only

Issued September 1982

Lexotan tablets

Manufacturer Roche Products Ltd, PO Box 8, Welwyn Garden City, Herts AL7 3AY

Description Pink, hexagonal tablets, each containing 3mg bromazepam. The tablets are imprinted "L3" on one face and have a break line on the other

Indications Short-term treatment of anxiety and associated symptoms such as tension and agitation

Dosage Must be determined on an individual basis. Usual adult dosage in mild to moderate anxiety 3-6mg three times daily; in severe anxiety states 6-12mg three times daily. Some patients may respond to 1.5mg three times daily. Exceptionally, in hospitalised patients, up to 60mg daily may be given in divided doses. Lexotan is not for paediatric use, and safety in the elderly has not been established

Contraindications Sensitivity to benzodiazepines; acute pulmonary insufficiency; respiratory depression

Precautions Dosage may need to be reduced in patients with chronic pulmonary insufficiency or chronic renal or hepatic disease. Avoid use in pregnancy and during lactation. Sedative effects may be intensified if combined with centrally-acting drugs. May modify performance of skilled tasks (such as driving) and alcohol may intensify the impairment.

Dependence potential low but increases with high dosages. *See data sheet*

Side effects Drowsiness, sedation, unsteadiness and ataxia, all dose-related.

See data sheet

Packs 100 (£6.25), 500 (£25.00)

Supply restrictions POM

Issued September 1982

Berotec nebuliser solution

Manufacturer WB Pharmaceuticals Ltd, PO Box 23, Bracknell, Berks RG12 4YS

Description Aqueous solution of fenoterol hydrobromide 0.5 per cent (5mg/5ml) for administration by inhalation

Indications Treatment of reversible airways obstruction as in bronchial asthma, bronchitis and emphysema

Dosage May be administered from an

intermittent positive pressure ventilator or from suitable nebulisers. Recommended dose per inhalation ranges from 0.5-2.5mg and this can be achieved by nebulising 0.1 to 0.5ml solution. These volumes may be measured using the integral dropper and diluted with sterile isotonic sodium chloride or sterile distilled water. Dilution should be carried out just before inhalation. Adults: 0.5-2.5mg up to four times daily. Children (6-14 years): up to 1.0mg up to three times a day

Contraindications, precautions etc As for other fenoterol hydrobromide preparations

Packs 20ml bottle with integral dropper (£1.80 trade)

Supply restrictions Prescription only

Issued September 1982

Rohypnol tablets

Manufacturer Sauter Laboratories, Division of Roche Products Ltd, PO Box 8, Welwyn Garden City, Herts AL7 3AY

Description Purple film-coated, biconvex tablet with a single break-bar on one side and "Rohypnol" on the other, each containing 1mg flunitrazepam

Indications A benzodiazepine compound, it has hypnotic properties and can be used for the short-term treatments of sleep disturbances on an irregular basis

Dosage Adults: 0.5-1mg before retiring; 1-2mg for adults with severe sleep disturbances. For the elderly or debilitated the initial dose should not exceed 0.5mg but may be increased to 1mg if necessary and tolerability is satisfactory

Contraindications Known sensitivity to benzodiazepines; acute pulmonary insufficiency; respiratory depression

Rohypnol should not be taken during pregnancy or by lactating mothers

Precautions, side effects As for benzodiazepines

Packs Boxes containing 10 strips of 10 blister-packed tablets (£8 trade)

Supply restrictions Prescription only

Issued September 1982

Upjohn extend range

A pack of six vials of Depo-Medrone with Lidocaine (£11.98 trade) is now available in addition to the single vial. *Upjohn Ltd, Fleming Way, Crawley, West Sussex RH10 2NJ.*

Presentation change

From the end of September all Triogesic tablets will be marked "Triogesic" and not "Wander". The formulation remains unchanged. *Wander Pharmaceuticals, Division of Sandoz Products Ltd, Station Road, King's Langley, Herts WD4 8LJ.*

An advanced electronic cash register for under £200. **CasioMagic!**

Once again Casio combines quality with amazing value in its innovative electronic cash register range. Custom designed for the small retailer, the Casio 114ER opens up new areas of cash and management control. The 114ER with its progressive design will enhance the look of your checkout area and the smooth, non-stop operation of repeat entries and multiplication calculations will cut checkout holdups to a minimum.

But the Casio 114ER goes on to do much more. It extends your management control by providing an instant record at the end of the day of your daily sales performance, including cash and cheque sales; discounts; net sales and gross sales totalled independently for fast auditing. It even totals the number of items sold and the number of customers serviced.

Expensive errors are eliminated in the event of entry or answer overflow; incorrect operating procedure; or negative entries; because the register will lock and indicate maloperation automatically.

Finally, Casio guards your business through the 114ER's security-mode switch key.

CASIO
114ER

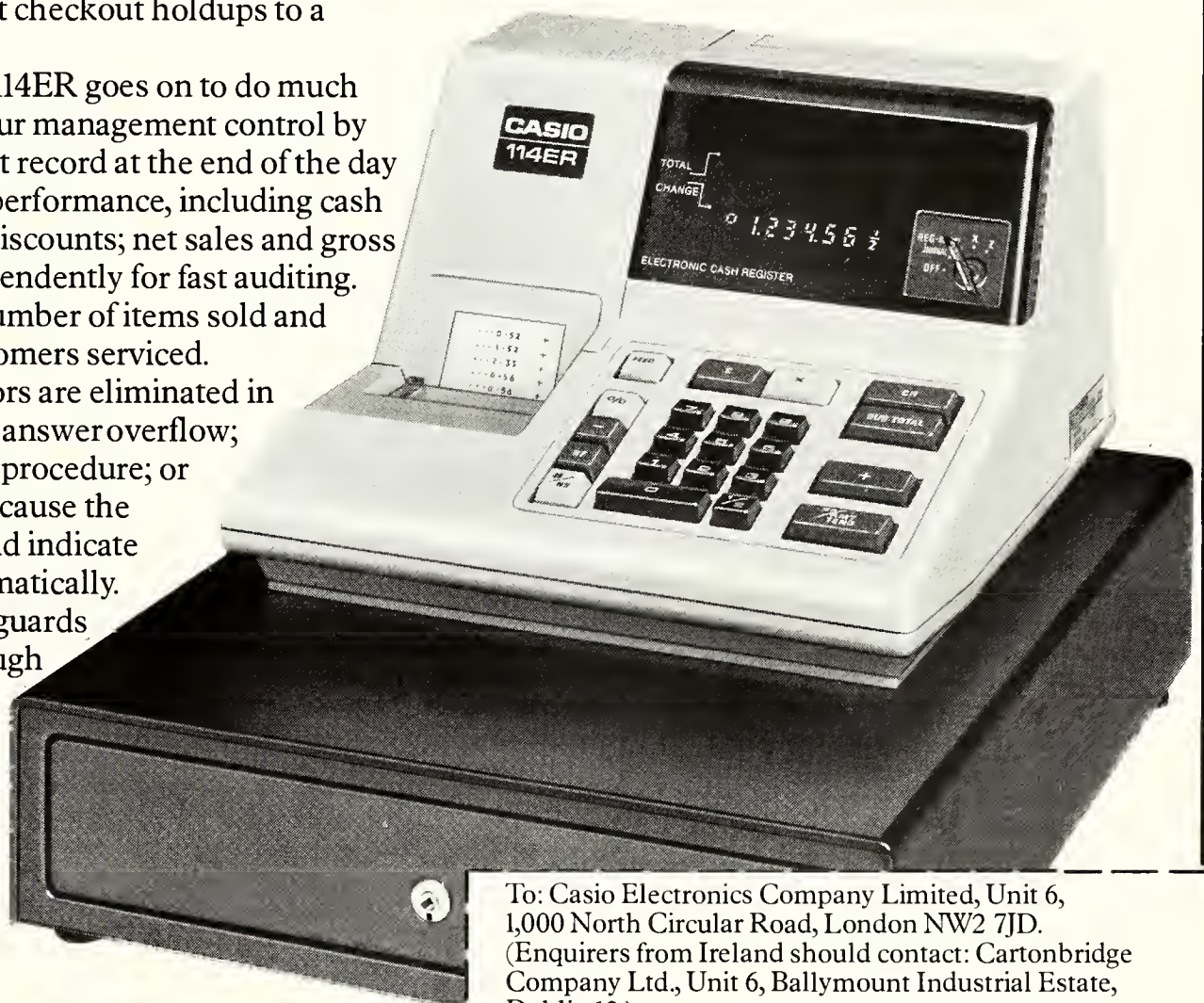
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BECAUSE TIMES ARE CHANGING

Casio Electronics Co. Ltd., Unit 6, 1,000 North Circular Road,
London NW2 7JD. Tel: 01-450 9131.

This security device prevents unauthorised tampering and ensures day-to-day accuracy.

Send the coupon today for the full story behind the amazing Casio 114ER. At **£199.95** rrp (ex. VAT) it's technology that adds up!

Also available the 120ER with 2 departments, built-in customer display, fast single item capability and fully automatic day and time control.



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(Enquirers from Ireland should contact: Cartonbridge
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Dublin 12.)

Please let me have – without obligation – full details of
the new Casio 114ER Electronic Cash Register.

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COMPANY _____

ADDRESS _____

TEL. NO. _____

Ever Ready's £2m TV campaign to regain market leadership

Ever Ready are launching a new promotional campaign — spearheaded by £2m worth of television advertising — which aims to re-establish their position as number one in the UK battery market.

Described by the company as the largest ever mounted in the sector, the promotion also includes trade and consumer competitions, advertising in the specialist hobby and photographic Press and a range of point of sale material. All activity carries Ever Ready's "Power to the People" theme.

National television advertising, featuring a new commercial, begins on October 18. An initial spend of £1½m takes the commercial through the eight weeks up to Christmas, and a follow-up burst is planned for the New Year capitalising on the important first-replacement market in January. The 40-second commercial, the company claims, will be seen by 90 per cent of all adults at least 14 times.

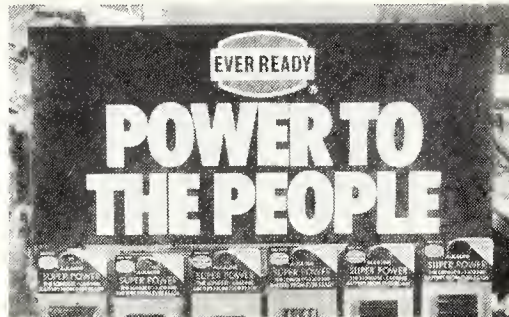
POS material supporting the campaign includes header boards for floor and counter stands, till and window stickers and shelf strips. Additionally, over a million "Which battery?" leaflets have been distributed, illustrating Ever Ready's basic range of five battery types and telling the consumer which battery is best suited for each type of appliance.

Consumer competition

The associated consumer competition starts in November, and has a similar theme. Customers are faced with descriptions of five different Ever Ready batteries and a list of various battery-operated appliances. They are then asked to judge which is the most suitable battery for each machine. There are 1,001 battery-operated prizes in all, the most valuable of which are two complete Sony Profeel home television, video and hi-fi systems. There are also Sony cassette recorders and Walkman personal stereos to be won. The competition is free to enter, and associated POS display material will be available.

A trade competition has also been arranged, based on retailer visits from an Ever Ready "mystery shopper". Stockists displaying the consumer competition leaflets and POS material and who answer a simple battery usage question correctly can win a discount of £10 off their next order, or a bottle of spirits.

Two new Power Plus batteries have been introduced, making the range now available across all five major battery sizes. The new additions are the Power



Plus PP3 (£0.79) and PP9 (£1.39). Blister packs of the Super Power alkaline range now carry a 20p-off flash to encourage trial purchases.

There is also a new dial-pack for the zinc / air and mercuric oxide hearing aid batteries. The packs, designed to be easy-to-use and to ensure the user a fresh battery whenever one is required, contain either three zinc / air batteries or six of the mercury type. They are presented "clearly and attractively", the mercury on copper-coloured cards and the zinc on red. A new counter display stand showing both types is available, carrying the logo "Power to the Hard of Hearing". *Ever Ready (GB) Ltd, Berec House, 1255 High Road, Whetstone, London N20 0EJ.*

Unichem in October

Nearly 40 product lines will be on offer to Unichem members from October 8-30. The usual price cards and shelf barkers will be available, together with a window poster showing selected products. They will be: Andrex 2-roll, Aspro Clear, Buttercup syrup, Colgate Dental Cream, Gillette Contour cartridges, Dextrosol, Elnett hairspray, Revlon Flex shampoo and conditioner, Listermint, Liquifruta, Lemsip sachets, Lanacane, Milk of Magnesia liquid and tablets, Nice 'n' Easy hair colour, Pears shampoo, Pennywise, Pro-plus, Pearl Drops regular, Rennie, Sure aerosol, Sure for men, Sucron, Steradent tablets and deep clean tablets, Sensodyne toothpaste, Style, Vosene medicated shampoo, Woodward's gripe water, Lil-lets, Beechams powders hot lemon, Night Nurse, Day Nurse, Anadin and Pharmaton.

A selection of Unichem own-brand products will also be available on special offer from October 1-30. They are: Unichem saccharin, multi-vitamins, multi-vitamins plus iron, all-in-ones — baby and toddler, flock-line rubber gloves, bath care, double strength steriliser (750ml), man size tissues, glucose

BP (454g), children's diarrhoea mixture, 35g antiseptic cream, pastilles, soothers, sponges, mattress covers, clinical thermometers, shaving brushes, analgesics and packed goods.

A variety of sundries are on special offer during the month. They are: Culmax shaving brushes, Sparklet bulbs, Fever Scan, Cannon Babysafe baby products, Wilkinson Sword scissors, Salter bathroom scales and the Tommee Tippee range. *Unichem Ltd, Crown House, Morden, Surrey.*

NPA range additions

NPA Products have added three new products to their own label range. Nusoft one way nappy liners (pack of 100, £1.14) come in packaging featuring the "Old woman who lived in a shoe" nursery rhyme.

Nucross children's diarrhoea mixture (kaolin et morph mixture paediatric B.P.) (£0.42) is being added to the range of Nucross packed goods. This is the first new product introduction to the range since launch.

The third introduction is three polythene bags to the NPA range of counter bags. All are printed both sides with the health and beauty design. The largest size is 14 × 16¼in and has a punched out handle (1,000 at £12.80). Other sizes are 9¾ × 12¾in (2,000 at £14.90) and 6¾ × 8¾in (5,000 at £21.50). These products will all be launched on the October promotion with introductory bonuses. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Anadin:	All areas
Askit powders:	Sc
Batiste shampoo:	Ln, M
Cyclax:	All areas
Harmony hairspray:	All areas
Hedex:	U, E
Jo-ba natural hair products:	Y
Mucron:	All except M, Y, We, B, E, CI
Oil of Ulay:	Ln, M, Lc, So
Paddi Cosifits:	All areas
Philips air cleaner:	All areas
Pure Silk:	All areas
Ralgex:	L, M, Lc, Sc, B, G
Robinson's baby foods:	All areas
Sanatogen multivitamins:	All areas
Zest toilet soap:	All areas

Gallia goes to Jackel

Victoria Baby Foods Ltd, the UK agents for Gallia baby food, have appointed a new distributor, Jackel International (UK) Ltd to handle their sales and distribution operation from October 1 — Sangers Agencies are the current distributors.

Jackel International were chosen by Victoria Baby Foods because of their "strong track record in the chemist sector and sales expertise in the baby care market". They believe the new appointment will enable Gallia to offer a wider coverage and a more regular service to the chemist (Jackel call on over 4,000 chemists). At present there are around 1,000 stockists including Boots.

An eight-weekly call will be made by the Jackel sales force after October 4, offering a minimum 20-case order of Gallia within the overall Jackel range.

Tie pants herald range repackaging

Maws are expanding and repackaging their changetime range. Tie pants (pack of 10, £0.79) are the latest addition made of soft machine washable plastic which can be used with both disposable and terry nappies. They are not elasticated and the tie can be made at the sides, front or back, depending on the size of the baby. Maws have also repackaged their changetime range to co-ordinate with the packaging for the recently launched Maws Wipers. *Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey.*

Hawaiian Tropic distribution...

Chesebrough Ponds have been appointed UK agents for Hawaiian Tropic. Since its launch in 1979 Unicliffe have been responsible for distribution. *Hawaiian Tropic UK Ltd, Brent Road, Southall, Middlesex.*

...and Calorex

Pharmagen are to handle the distribution of Calorex to the chemist trade on behalf of Britannia Health Products. *Pharmagen Ltd, Runcorn, Cheshire.*

Colourcare competition

The new Kodak Disc System is the theme of Colourcare Photoservice's latest consumer promotion, which offers £1,000 in cash prizes and Kodak disc cameras for runners-up.

From now until the end of October, competition entry forms will be inserted in the print wallets of all films developed.

Victoria Baby Foods plan to increase the marketing activities of Gallia to support their new distributor, they say. In addition to continuing advertising in the mother and baby Press, they also plan local Press activity, in-store demonstrations, consumer promotions and competitions.

Victoria Baby Foods managing director, Mr Michael McHatton, told *C&D*: "We were delighted with the initial activity of Sangers Agencies who began distribution last August but we have been concerned by recent developments. Many housewives have contacted us for the names of stockists and many chemists have asked us about future plans."

Mr McHatton believes chemists will be able to order with renewed confidence: "We see a natural synergy between our two companies in view of Jackels' successful involvement with the Tommee Tippee range and other baby products."

Cards have been printed with a disc which has 'scratch-off' silver areas in place of the negative. Each area has a date printed next to it and consumers have to select the dates which correspond to two simple questions on the history of photography. The correct dates reveal the word "win" under the silver and entitle the consumer to enter the competition by completing a sentence about Colourcare Photoservice. There is £250 each for four winners and ten runners-up will win a Kodak 4000 disc camera. The competition closes on October 31. Window posters publicising the competition are now available from Colourcare Photoservice. *UPL Ltd, Long Close, Downton, Salisbury, Wilts.*

October sampling

Stafford-Miller are offering a free sample of Super Wernets denture fixative powder in each economy pack of Dentu-Creme. This promotion will be in-store from October 1. *Stafford-Miller Ltd, 32 The Common, Hatfield, Herts AL10 0NZ.*

MF merchandising stock management

Max Factor have launched a new stock management and merchandising campaign to be backed by heavy advertising. It is designed to recapture sales for the independent chemist, says the company.

The new Max Factor and Maxi units are designed to carry the "most productive" products and have a full range of testers and "clear product definition". Max Factor say browsing and selection are easy for the consumer and restocking simple for the staff. The new merchandisers are reported to have shown a sales increase of up to 70 per cent on test in different pharmacy locations. *Max Factor Ltd, PO Box 7, Wallisdown Road, Bournemouth BH11 8PL.*

IT COMFORTS THE KIDDIES



Benylin^{*} Paediatric

pecially formulated to treat coughs in children up to 12 years, with a pleasant and very acceptable raspberry flavour.

Most parents know how well Benylin Paediatric does its job, and when you recommend it you'll be giving them a good night's rest as well as the child.

PARKE-DAVIS

part of the Warner-Lambert Group

good products for you and your customers.

Active Ingredients: Diphenhydramine Hydrochloride B.P.
Sodium Citrate Ph.Eur, Menthol B.P. **Product Licence:** 0018/0067
Parke-Davis & Co., Pontypool, Gwent NP4 0YH.

Further information and data sheet available on request

*Trade mark R82156

Brand change for Robinsons cotton wools

Robinsons of Chesterfield are this month relaunching their cotton wool range under the new brand name of Soft & Pure. The launch is part of an expansion programme which began for Robinsons in 1980 with the advent of Paddi Cosifits, followed in 1981 by Cameo feminine hygiene range. Soft & Pure now applies to all Robinsons cotton wool items (pleats, rolls, balls and cosmetic pads) for the consumer sector of the market and obviates the previous use of the Debs, Paddi and Kinx brand names. The range comprises cotton wool balls in bags of 50, 100 and 200, available in white or assorted colours, cosmetic pads in drawstring packs of 50, cotton wool pleats also in drawstring packs (50gm and 200gm) and 100gm and 350gm packs of cotton wool roll.

Bob Rivers, Robinsons new marketing director, explains: "We are particularly proud of the launch success in the past two years of Paddi Cosifits and Cameo, and with Soft & Pure we intend to increase significantly our well-established stake in the cotton wool market sector. While retaining all the well known characteristics of the Robinsons cotton wool range we now have a visually more attractive and appealing product but still at a very competitive price structure."

Robinsons believe this share of the overall cotton wool market sector stands at 68 per cent of pleats (total market share 21 per cent worth £5.8m); 34 per cent of balls (total market share 26 per cent, worth £6m); and 22 per cent of rolls (total



market share 53 per cent, worth £8.2m). The company claims pure cotton wool balls outsell rayon mixtures by two to one.

The Soft & Pure launch has a planned spend of £200,000 for the rest of the year, which includes a PR campaign, trade discounts and competitions. For 1983 an estimated £450,000 has been allocated and television advertising will be used. Robinsons of Chesterfield, Wheat Bridge Mills, Chesterfield.

Piz Buin addition

Colson and Kay are adding a cold air protection cream (£2.75) to their Piz Buin range. For use by skiers and sports enthusiasts, it combines dual protection for the face against both sunburn and very cold temperatures. The cream, with an SPF of 4 was used by the armed forces in the Falkland Islands. It is made without water and contains glycerine as well as fats and oils. Colson & Kay Ltd, Shentonfield Road, Manchester M22 4RW.

Holiday bonus on Grangewood range

The Grangewood range of herbal remedies comprises six medicines for the treatment of catarrh, spots and boils, insomnia, irritability, backache and rheumatic pain. The tablets (£1.69) come in blister packs and on each pack is an offer of a free booklet giving an account of the history, uses and modern applications of herbs.

An advertising spend of £175,000 is allocated for the women's Press and a London radio campaign. Two launch offers are available. In the first, five of each medicine come supplied with a counter display unit, showcard and 50 leaflets (trade price, £27.93). A

merchandise holding five packs of each herbal remedy is included in the second launch parcel together with a counter display unit holding 12 packs and leaflets, a showcard and 50 leaflets. A carton containing 10 packs of each of the six Grangewood products is also supplied (trade price, £83.79). If the first offer is taken up three people can be registered for the Grangewood holiday bonus worth £20 off any Thomson Winter brochure holiday for a minimum of two adults for one week. If offer number two is taken up six people can be registered and two £5 bonus vouchers will be thrown in. These vouchers will also be available on any English Grains order worth £100 or more which includes at least one outer of Grangewood. The offer expires October 31. English Grains Ltd, Park Road, Overseal, Burton-on-Trent, Staffs.

On your bike with Aquafresh

Large and giant twin-packs of Aquafresh toothpaste (£0.51 and £0.88) with the flash "100 Raleigh bikes to be won" are now available from Beecham Toiletries. Each offers the consumer a chance to win a bicycle and the giant size also contains bicycle road safety stickers printed with "A. Fluorider".

The 100 winners will be able to select a bike from a list of eight of Raleigh's models in the £50-£110 price bracket. Beecham Toiletries, Beecham House, Great West Road, Brentford, Middx.

"Who else offers you the UNCONDITIONAL GUARANTEE

that any goods redundant through lack of demand or unsaleable through damage, breakage or age may be returned at any time for full credit or exchange without question?"

YOUR GUARANTEE FOR:

- **Migraleve**
- **Mucron Tablets & Liquid**
- **Do-Do**
- **Dermidex**
- **Earex**
- **Collis-Browne's**
- **Crampex**

THE GUARANTEE IN FULL

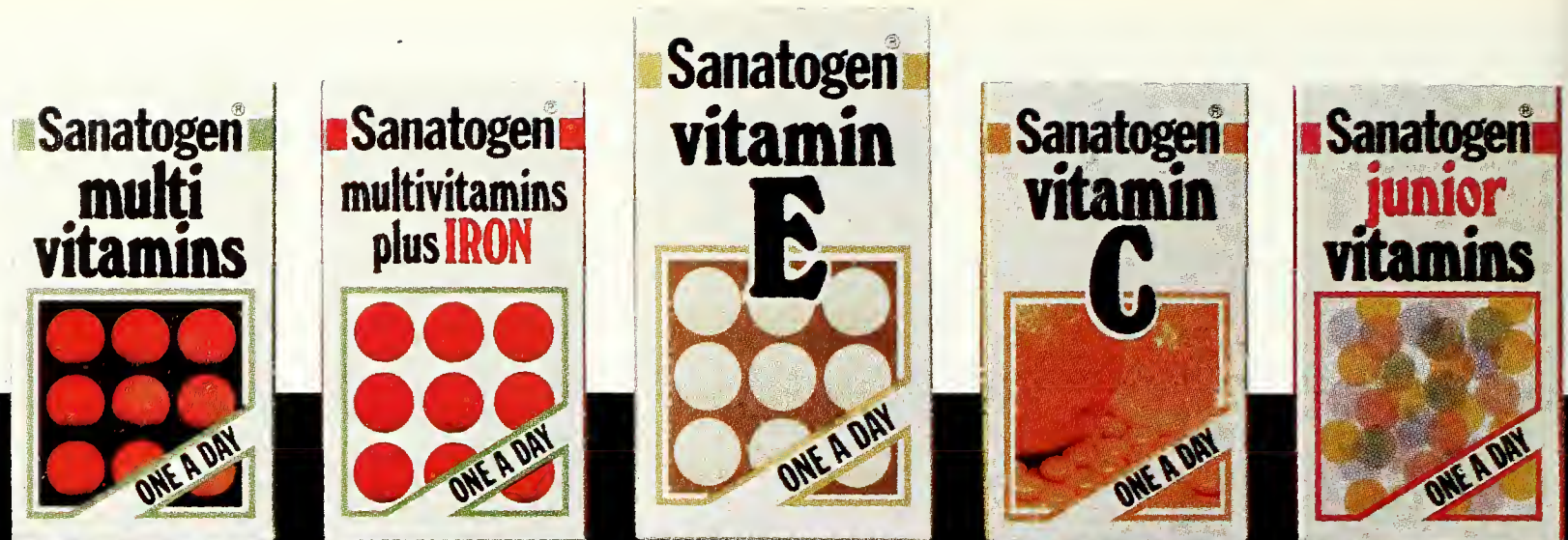
International Laboratories Ltd., guarantee the sales of all their advertised products whether bought direct or from a wholesaler. Stock redundant through lack of demand or unsaleable through damage, breakage or age, may be returned at any time for full credit or exchange without question.



Raymond Bellm Managing Director

International Laboratories Limited

Wilsom Road, Alton, Hants. GU34 2TJ
Tel: (Alton) 0420 88174



WE'VE GIVEN OUR RANGE OF VITAMINS THE TONIC IT NEEDED

Not that the Sanatogen range needed a pick me up. It's already the biggest-selling range of vitamins in the country.

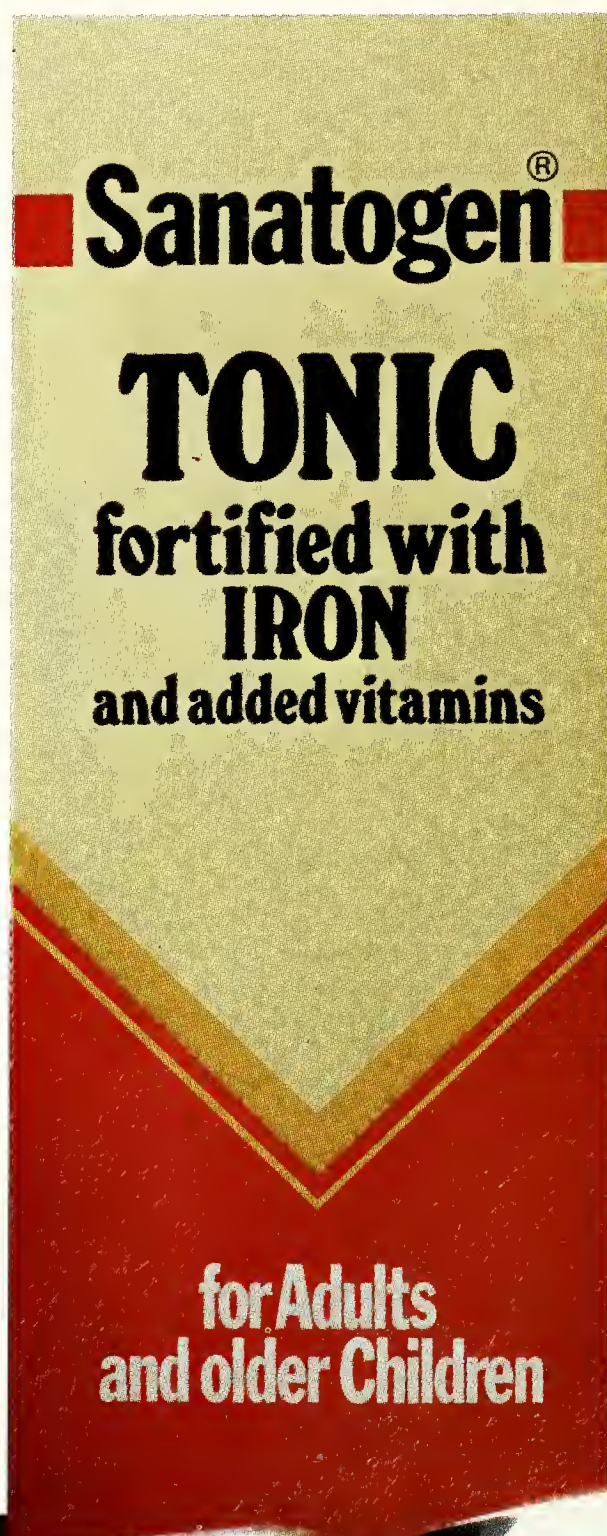
We're just making sure it sells even better by making it a more comprehensive range. (And by supporting it with a £500,000 advertising campaign).

We've introduced two major new products: a pharmacy restricted, liquid tonic, which is probably the best formulation around, and a B-complex vitamin tablet.

The tonic is fortified with iron, it has added vitamins, it will have the backing of a heavy advertising campaign. So, you won't even need to recommend it, people will be asking for it by name.

The same goes for Vitamin B-complex. As more and more people are discovering the value of B vitamins in combating stress, you're sure to be asked for Sanatogen B-complex tablets.

Which means, you'll see a healthy increase in Sanatogen sales. And that's just the tonic you need.



SANATOGEN VITAMINS.
ONE A DAY, EVERY DAY FOR POSITIVE HEALTH.

Beechams Powders in capsules, with paracetamol

The latest addition to the Beechams Powders range takes the traditional product in two new directions — capsule presentation and paracetamol formulation. Both changes are perceived by consumers to enhance the brand's benefits, according to research.

"New formula" Beechams Powders capsules each contain 300mg paracetamol, 5mg phenylephrine hydrochloride and 25mg caffeine (the decongestant is also an addition to the traditional formula). Adult dosage for cold and flu relief is two capsules every three to four hours.

Initially, the capsules are being launched only in the London area where they will be supported by a £¾m television advertising campaign starting at the end of November — Beecham estimate that the commercial will be seen by 86 per cent of the area's population. Sell-in starts on October 4.

The capsules are blister packed on cards of ten in cartons of ten (£0.70) and 20 (£1.13). *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*

Pharmaton Boost

The main products being featured in Pharmagen's October/November campaign are Pharmaton, Pretty Polly, Tonic Sweets, Rose's diabetic squash and Philips batteries. Activity includes extra discounts, competitions and bonus stock.

Pharmaton capsules will receive a £30,000 Autumn promotional boost featuring a trade campaign, which offers chemists prizes of Christmas hampers.

New POS material, emphasising the four-part Swiss formula, is now available. In addition to leaflets and display cards, chemists will receive a free "booster" sales pack.

The campaign is being supported by consumer advertisements in *Woman's Journal*, *Choice*, *Here's Health*, *Your Health* and selected sports and health publications. *Pharmagen Ltd, Runcorn, Cheshire.*

Bonus on bath salts

Sona bath salts are available in 25 per cent extra free promotional packs until November. Sona is claimed to be the number two brand in the bath salt sector. *Sterling Health, Surbiton, Surrey.*



Dream Savings — £5,000 in Numark prizes

Numark are running a Dream Savings promotion concurrently with the national promotions in-store from October 11-23 and November 8-20. There are over £5,000 worth of prizes to be won. First prize is a fitted kitchen by Moben worth £4,000; the two second prizes are AEG automatic microwave ovens each worth

£426. There are five third prizes of Tefal non-stick slow cookers each worth £45, and ten fourth prizes of Tefal sandwich maker / grills each worth £29.

The Numark chemists supplying the winning entry forms will receive for first prize an AEG automatic microwave oven, two Tefal non-stick slow cookers are the second prizes and for third and fourth there are five Tefal sandwich maker/grills and ten Tefal carving knives.

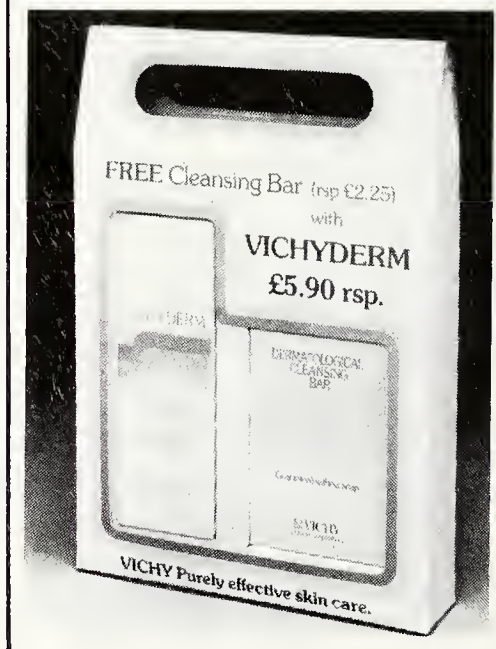
Also operating during the first part of this promotion will be two retailer lucky draws in conjunction with Gillette and LRC Products.

October promotion

The October Numark national promotion will run in-store from October 11-23 and the products on promotion will include Lucozade, Johnsons baby powder, Silkience shampoo, Robinsons dry baby foods, Bristows hairspray, Impulse, Lillies, Dr White's plus two free towels, Savlon liquid, strained and junior Heinz baby food cans, Recital, Radox salts, Paddi Cosifits, Tender Touch cleansing wool, Handy Andies, Soft & Gentle anti-perspirant aerosol, Andrex toilet tissue, Carefree panty shields, Toni perms, Mum Quick Dry roll-on duo pack, Silvikrin Toners and Shaders, Durex, Palmolive toilet soap, Imperial Leather talcum powder, Dextrosol and Nulon hand cream. All these items will be advertised in *The Sun*, *Daily Mirror*, *Sunday Post*, *Woman's Weekly* and on Ulster television.

Optional extras include Andrews Liver Salt, Ralgex, Lypsyl, Blisteze cream, Propa PH skin cleanser, Buttercup syrup and sweets. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

Vichy have packaged a 30ml tube of Vichyerm with a Vichy cleansing bar (£5.90). Together this is a saving of £2.25. This Autumn offer is available while stocks last. Vichy UK Ltd, Asheville Trading Estate, Nuffield Way, Abingdon, Oxon OX14 1TJ





Lens Care

For Contact Lens Wearers



The Solutions

The Trans system has been specially developed to provide:—

- Complete Care for Hard and Gas Permeable Contact Lenses
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TRASCLEAN™

The daily cleaning solution, removes deposits that build up on the lenses, leaving them crystal clear.

TRANSDROP™

The in-use comfort drop, re-establishes comfort in dry or smoky atmospheres, without the need to remove lenses from the eye.

TRANSOL®

The sterilised wetting solution, cushions and wets the lens making it more comfortable on insertion into the eye.

TRANSOAK®

The overnight storage and soaking solution, which destroys potentially harmful bacteria.

For further information contact:

SMITH & NEPHEW
Pharmaceuticals Ltd

Bampton Road, Harold Hill, Romford, Essex, RM3 8SL

Pre-Christmas spending spree by Braun

Details of the Braun pre-Christmas campaign are now available. The male-shaver range will be supported by a £1.5m television campaign which revives the Porsche-linked theme of two years ago. This will run from October until Christmas. An image-building Press campaign worth around £160,000 and emphasising the ultimate desirability of Braun's shavers will run over the next 12 months in consumer publications such as *Yachting Monthly* and *Golf Monthly*.

A new launch is the micron 420, a mains shaver with a black shaving head, which comes in its own hard travelling case with a built-in mirror. Also in the range will be the synchron club and synchron club de luxe, both featuring foil technology and coming with separate long hair trimmers (£16 and £20 respectively).

The Braun ladyshaver range will be featured in a new television commercial with a total spend of £500,000 and the butane powered independent curling tong and styling brush in a £700,000 re-run of the television campaign from the end of November up to Christmas, reinforced by a cinema campaign to run in some 1400 cinemas for the eight weeks prior to Christmas.

Further, from October though to Christmas there will be an advertising campaign in the women's Press featuring the pistol grip range of compact and dual voltage hairdriers, majoring on the compact P1500.

Across the board support for the personal care range includes a budget of £450,000 for national television



This new shelf display unit is available for Robinson's Baby Foods — designed for the chemist with limited shelf space. The 24in long and 14in deep plastic display tray carries a selection from the company's new range of dry baby foods, including breakfast cereals, Robinson's number 1 savouries and desserts and an introductory pack. The introductory pack (£0.33), which contains four sachets selected from the range, is currently being offered free via couponing in the women's Press. Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS

advertising which will include the LS40 quickstyle duo, the roundstyler cool curl RS67K and the electric toothbrush. There will also be a complete range leaflet available from October, supplemented by individual leaflets as and when new products are introduced.

Finally the Braun dental electric

toothbrush D1 is featured in the £450,000 corporate gift campaign. An on-pack offer starting in October on Macleans toothpaste sold through Boots branches offers a £2 saving on purchases of a Braun dental. *Braun Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex.*

Lancôme competition

Lancôme are to run a consumer competition and each UK outlet (Channel Isles excepted) will have a winner. The consumer has to buy any Magie Noire product, obtain an entry form, match up eight quotes about Magie Noire written in the style of eight famous people and complete a tiebreaker sentence. Hundreds

of Magie Noire 1oz parfums or 400ml eau de toilettes are to be won, each prize worth £39.50. There will be a weekend for two in Paris for the overall winner and a further Paris weekend for the retail pharmacist who achieves the greatest success relative to his turnover. Closing date for entries is November 5 but purchases must be made during October. *Parim Ltd, 14 Grosvenor Street, London W1X 0AQ.*

TOP SELLER

You don't need to hard sell
Carnation Corn Caps.
After 40 years, Carnation is a name
your customers know and trust.

And this year, a series of ads will be
explaining the double action benefits:
the instant relief from pain and the
gentle touch of the ointment as it gets
to work on the corn.

So next time you have a customer with

corns, sell Carnation first. It's the name
they know best.

CARNATION®

The gentle corn remover

Cuxson, Gerrard & Co. (Dressings) Ltd, Oldbury,
Warley, West Midlands, B69 3BB. Tel: 021-552 1355.
Available from all main UK Wholesalers and Agents.
Distributed in the Republic of Ireland by Ovelle Ltd,
Dundalk Industrial Estate, Coe's Road, Dundalk.



Yardley launch honeysuckle range

Yardley are introducing honeysuckle to their floral fragrance range available as cologne spray (£2.95), talc (£1.49) and set of three soaps (£2.85). Introductory offers of £1.65 for cologne spray, £0.99 for talc and £1.90 for the box of three soaps are currently available.

Also available are double eye pencils, a slim soft kohl pencil at one end and a chunky, colour pencil at the other. There are four colour co-ordinates in brown, blue, burgundy and silver grey. Double lip pencils are also available in four co-ordinates — brown, burgundy, rose pink and blue pink. There is a slim pencil for outlining at one end and a thicker, soft colour to fill in at the other. Both pencils retail at £1.75. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex.*

Autumn Magic from Charlie

Charlie's Magic make up collection for Autumn comprises six products, ten "mysterious" shades creating translucent make-up to be worn alone or in combination with other shades.

Pink illusions is available as Charlie extra shine lipstick, glide-on lipgloss and nail gleamer, and co-ordinated with Charlie's white magic once-a-day creamy shadow. Revlon suggest it can be worn by itself or over or under voodoo violet translucent lip gloss or nail gleamer.

Amazin raisin or bewitching blue shadows can be topped with pearly-pink white magic for shimmering grape or periwinkle highlights. Black magic extra shine lipstick and nail gleamer add silvery-grey veils to lips and nails and ace of spades once-a-day creamy shadow finishes the effect. Mumbo plumbo lip gloss tops the lipstick with either combination of voodoo violet nail gleamer and black magic or white magic shadow over black magic.

To complete the "look" are two blushes that work together: silverfrost plum real live blush and silverberry real soft puff-on blush. *Revlon International Corporation, 86 Brook Street, London W1Y 2BA.*

Cash refund on All Clear

A&F Pears are offering a £1.25 cash refund on large and economy size All Clear packs. The refund can be obtained by sending in the front panel from a special offer economy pack plus front panels from two ordinary economy packs or the front panel from a special offer large pack plus the front panels from four

ordinary large packs.

The "cash bonanza" packs will be available nationally for eight weeks from mid-September. *Elida Gibbs Ltd, Portman Square, London W1A 1DY.*

Sudocrem display, with video prize

Tosara Products (UK) Ltd, manufacturers of Sudocrem, have launched a nationwide display competition with cash prizes for chemist assistants and a video recorder for the winning pharmacist.

To enter, pharmacies have to order Sudocrem from Approved Prescription

Services of Cleckheaton, Yorkshire, allot shelf space to all three sizes of Sudocrem and answer four questions relating to the product. For the competition pharmacies have been divided into the nine regions of the country serviced by the sales forces.

The winning shops in each region will receive £100 for distribution among their assistants and the pharmacist will go through to the national final and a chance to win the video recorder. Regional winning pharmacists will receive a consolation prize of a wine pack. The competition runs until the end of October. *Tosara Products (UK) Ltd, 59 Crosby Road North, Liverpool L22 4QD.*

Metatone^{*} Tonic

-part of the family



PARKE-DAVIS
part of the Warner-Lambert Group

good products for you and your customers

Active Ingredients: Vitamin B₁, Ph Eur, Calcium glycerophosphate, Potassium glycerophosphate, Sodium glycerophosphate, Manganese glycerophosphate.

Parke-Davis & Co., Usk Road, Pontypool, Gwent NP4 0YH.

Further information and data sheet available on request. *Trade mark R81056

Available 8th—30th October 1982

% off normal
Manufacturers trade price

Andrex	2-Roll (Extra 48 Sheets Per Roll)	16.5%
Colgate Dental Cream	Large	15.3%
Elnett Hairspray	300gm	21.4%
Gillette Contour Cartridges	5's	18.4%
Listermint	250ml	22.9%
New Lil-lets	20's Super	19.6%
Nice'N Easy		12.3%
Pears Shampoo	Large	33%
Pennywise	10's	18%
Pearl Drops	Regular 50ml	20.6%
Revlon Flex Shampoo	350ml	17.7%
Revlon Flex Conditioner	350ml	17.3%
Sure Aerosol	Large	36.9%
Style	Large	18.5%
Vosene Medicated Shampoo		18.5%

Send off this coupon.

I am an independent retail pharmacist and would welcome more information about UniChem.

Name _____

Address _____

Date _____

Send to: UniChem, Crown House, Morden, Surrey,
SM4 5EF

C.D.10.82.

Unichem Points to Value

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MONEY
SPINNERS**

**EXCLUSIVE
TO
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MEMBERS**

**YOU
PROFIT MORE
WAYS THAN
ONE**

OPEN SHOP

by a proprietor pharmacist

Joys and sorrows of a Boots 'takeover'

"You can please some of the people some of the time, but you can never please all of the people all of the time". So far as the customers of a Boots branch I have recently acquired are concerned, this saying is certainly true.

I have been well aware during all my years in general (sorry community) practice that Boots possess an aura which Gabriel himself would envy, but it was not until I stood one day in the middle of the wreckage of what had been, only a few hours before, one of the smaller branches of Boots the Chemists Ltd that I fully appreciated its divine influence.

"I am sorry madam, but we no longer stock Boots brands . . ." (you name it, 25 per cent of their stock comprised it) "but I can offer you an excellent alternative". "Isn't this Boots any longer?" "No madam, we are Sly Bros Ltd, pharmacists to the serfs. We took over only yesterday." Madam's eyes glaze over and she staggers out of the shop, clutching a bottle of sal volatile to her ample . . . nose, bemoaning her fate now that the buttress of her existence has been destroyed by this interloper, and calculating how much it will cost in bus fares to complain to St Peter himself.

Right place, wrong time

I certainly did not go out to buy a Boots branch. Suffice it to say I just happened to be in the right place at the wrong time! Events moved very rapidly once the initial offer had been accepted by the Boots board and, despite the normal crop of problems which appears to be a requisite part of all legal negotiations, contracts were soon ready. Some of the problems were small, but others potentially disastrous to a satisfactory completion.

During this time I received every co-operation from Boots executives, management and shop staff. The full branch records were made available whenever I required them and free access to the premises was offered whenever I wished. Problems were dealt with personally, speedily and with positive consideration, such that at the end of the day I felt as, I trust, my customers feel. Not only had I made a purchase, but having parted with my money I felt pleased with that purchase. Over the years I have dealt with a number of companies, large and small, and most could learn much from Boots' professional example. My anonymous thanks to you and your staff.

When it was obvious that dreams were rapidly being translated into reality I had to decide what range of stock to carry. I made a conscious decision to disrupt buying patterns of the customers as little as possible, but in retrospect I feel this policy was only partly successful. Most of the grocery lines — Marmite, Bovril, Ryvita, cat food etc — I was unable to buy at a competitive price, so they were discontinued with a suitable apology to the customer.

In the general toiletries field Boots' prices are "keen" and I have maintained a policy of continuing their type of active promotions, using both Numark and direct buying. The shop was highly commercial before, and this image has been successfully maintained — to the chagrin of the local competition but the obvious satisfaction of customers.

Expensive lesson

I made my biggest mistake with "own brand" goods. A quarter of the Boots stock was own brand and I attempted to replace this with competitively-priced alternatives including the "Nu" range from NPA. I knew the alternatives were as good, my staff knew they were as good, but would the Boots-brainwashed customers believe us? Not likely! Anyone would have thought we had laced the washing up liquid with acid and put Superglue in the hairspray! Bye, bye most of the 25 per cent. And so was learned an expensive lesson. When the advertisers say that "Boots is best" . . . then to many customers Boots is best!

But what of the chaos I mentioned at the beginning of this article? Here I regret having firmly to criticise Boots' retail staff. I was led to believe that, after removing own brand lines I would be left with a certain level of stock. In the event the final figure was under half that forecast, with the dispensary in as sorry a stock position as the main shop.

Obviously stock had not been replaced in the weeks prior to transfer and I suffered a consequent loss of goodwill to my fellow but competing community pharmacists.

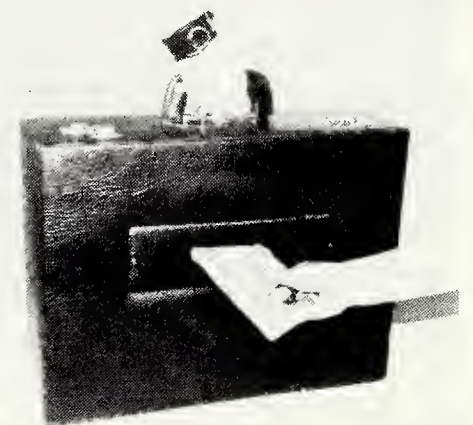
To determine the correct stock levels, relative to a now unknown demand, and physically to achieve that position, was a task that took many hours and many gallons of tears. It was particularly upsetting when I considered how unnecessary the whole exercise would have been had the branch been specifically

instructed to trade normally up to the time of transfer.

After some months of trading I am now firmly established and the pharmacy is developing along more conventional lines. The trade is up to target and I am well pleased with my progress. The Boots stalwarts have ceased to blame me for their loss and now either enjoy the pandemonium of the High Street or have been converted (by my disarming personality and commercial brilliance) to re-discovering the forgotten advantages of the independent pharmacy . . . "and he even does dispensing!"

I am slowly taking on new lines not previously stocked by Boots, while developing further those fields which had been neglected. Taking everything into consideration, I am well satisfied with my purchase and, given the opportunity, would willingly repeat the exercise.

AIDS TO BUSINESS



A range of cash carrying cases has been introduced by Vomatic, featuring a wooden frame and easy to operate locks. Covered in black polycotton the cases have a leather wrist strap and chain connected to a smoke and dye security cartridge. Two sizes are available. For instore collection there is a spring loaded roller type or letter box type opening in the side. Vomatic Ltd, Taurus House, Kingsfield Road, Coventry CV6 5AS.

Chicopee are introducing the J-Cloth Supercloth for industrial use. Increased absorbency is the main feature of the cloth. A cartoon figure, Super Jay will be used in both advertising and POS promotions. The Supercloth is available in packs of 50 wipes per polybag and ten bags to the carton. Trade prices are £28.70 for one to four cases, £26.80 for five to nine and £25.90 for ten and over. Chicopee Ltd, Pontllanfraith, Blackwood, Gwent.

It's here!



Large Mixed Retailing. The magazine of non foods retailing.

The new monthly magazine devoted exclusively to reporting on what's happening in the £41,000m business of mixed retailing... the fastest growing sector of retailing in the UK today, which accounted for an estimated 73% of all retail sales in 1981.

'Large Mixed Retailing' examines in detail every month non food retailing in department and variety stores, multiples, major grocery chains, co-operatives and mail order houses. Special emphasis is given to market trends, with regular contributions from leading figures in their fields, including retail law, merchandising, storeplanning and design, in Britain, America and Europe.

For more information, contact John Baxter at Tonbridge (0732) 364422.

LARGE MIXED RETAILING

The magazine of non-foods management

in Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Chemist & Druggist 25 September 1982



THE LAST WORD IN ORAL HYGIENE

'Corsodyl' is recommended and prescribed by many dental and general practitioners for the effective control of dental plaque and the treatment of gingivitis or aphthous ulceration.

Its efficacy has been proved in surgeries, hospitals and in the home, and confirmed in independent trials. Ensure your share of the expanding oral hygiene market by counter prescribing the only oral hygiene products backed by ICI research.

Retail Price including VAT:

Mouthwash £1.50.

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PHARMACY ONLY

So, what do you recommend?

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An integral part of oral hygiene.



ICI Dental Services



Further information available from:- Imperial Chemical Industries PLC
Pharmaceuticals Division Alderley House Alderley Park
Macclesfield Cheshire SK10 4TF
'Corsodyl' is a trade mark

5382



541

Be competitive with V Be unbeatable with C

ALL PHOTOGRAPHED PRODUCTS ARE TO BE ADVERTISED



Profit On Cost 20% **12 x 100ml**

Vestric

Sell at

£0.59

Offer Price £5.10

VANTAGE

Pick Me Up Price

£0.56

Offer Price £4.86



Profit On Cost 20% **6 x Fam**

Vestric

Sell at

£2.35

Offer Price £10.23

VANTAGE

Pick Me Up Price

£2.25

Offer Price £9.78



Profit On Cost 17.65% Toddler **16 x**

Vestric

Sell at

£1.85

Offer Price £25.12

VANTAGE

Pick Me Up Price

£1.76

Offer Price £24.12



Profit On Cost 20% **36 x Lge**

Vestric

Sell at

£0.36

Offer Price £9.45

VANTAGE

Pick Me Up Price

£0.35

Offer Price £9.18



Profit On Cost 20% **12 x 200gm**

Vestric

Sell at

£0.68

Offer Price £6.81

VANTAGE

Sell at

£0.66

Offer Price £6.60



Profit On Cost 17.65% Over 20 lbs. **12 x**

Vestric

Sell at

£1.53

Offer Price £15.57

VANTAGE

Pick Me Up Price

£1.44

Offer Price £14.72

Product	Pack/Size	Normal Price	RSP	Vestric Price	RSP	Vantage Price	RSP	Profit Cost
BODY MIST 2 Aerosol – Dawn Fresh	12 x 100ml	8.60	1.10	5.10	.59	4.86	.56	20
	Spring Fresh	8.60	1.10	5.10	.59	4.86	.56	20
	Wild Fresh	8.60	1.10	5.10	.59	4.86	.56	20
	Roll-On – Dawn Fresh	12 x 50ml	6.88	4.20	.48	4.02	.46	20
	Spring Fresh	12 x 50ml	6.88	4.20	.48	4.02	.46	20
	Wild Fresh	12 x 50ml	6.88	4.20	.48	4.02	.46	20
CREST TOOTHPASTE Regular	6 x Fam	–	–	10.23	2.35	9.78	2.25	20
	4 Tube Pack Freshmint	–	–	10.23	2.35	9.78	2.25	20
	Single Tube Pack Regular	–	–	13.95	.54	13.32	.51	20
	Freshmint	–	–	13.95	.54	13.32	.51	20
	Single Tube Pack Regular	–	–	13.20	.38	12.48	.36	20
	Freshmint	–	–	13.20	.38	12.48	.36	20
CURITY SNUGLERS Newborn	16 x 15	19.88	1.43	17.84	1.31	17.04	1.25	17.65
	Daytime	23.91	1.72	21.44	1.58	20.48	1.51	17.65
	Super Daytime	27.24	1.96	24.48	1.80	23.36	1.72	17.65
	Overnight	25.30	1.82	22.72	1.67	21.76	1.60	17.65
	Toddler	27.94	2.01	25.12	1.85	24.00	1.76	17.65
ELNETT HAIRSPRAY We will also offer 12 x 75gm Colour Treated Hair variants (value £7.20 at r.s.p.) with every 3 dozen assorted 200gm/300gm purchased.	Extra	12 x 200gm	14.95	1.99	12.30	1.41	11.76	1.35
	Normal	12 x 200gm	14.95	1.99	12.30	1.41	11.76	1.35
	Extra	12 x 300gm	21.08	2.80	17.28	1.99	16.44	1.89
	Normal	12 x 300gm	21.08	2.80	17.28	1.99	16.44	1.89
	Colour Treated Hairspray	12 x 75gm	4.80	.60	FOC	–	–	–
HEAD & SHOULDERS Twin Pack Normal	6 x 300ml	–	–	12.39	2.85	11.82	2.72	20
	Greasy	–	–	12.39	2.85	11.82	2.72	20
	Single Pack Normal	–	–	7.59	.87	7.23	.83	20
	Greasy	–	–	7.59	.87	7.23	.83	20
	Single Pack Normal	–	–	6.21	.71	5.94	.68	20

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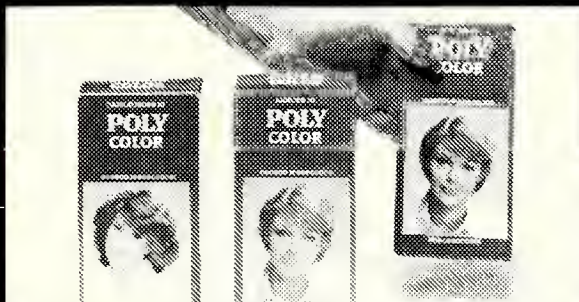
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HEAD & SHOULDERScont Greasy	12 x 100ml	—	—	6.21	.71	5.94	.68	20%
LEANS TOOTHPASTE Freshmint	36 x Std	9.61	.41	6.48	.25	6.21	.24	20%
Mildmint	36 x Std	9.61	.41	6.48	.25	6.21	.24	20%
Freshmint	36 x Lge	14.07	.60	9.45	.36	9.18	.35	20%
Mildmint	36 x Lge	14.07	.60	9.45	.36	9.18	.35	20%
Freshmint	24 x Econ	12.66	.81	8.76	.50	8.40	.48	20%
Mildmint	24 x Econ	12.66	.81	8.76	.50	8.40	.48	20%
PA 7 CEREAL Breakfast Rusk	12 x 200gm	7.58	.79	6.81	.68	6.60	.66	20%
Savoury Rusk	12 x 200gm	7.58	.79	6.81	.68	6.60	.66	20%
Fruit Rusk	12 x 200gm	7.58	.79	6.81	.68	6.60	.66	20%
DI COSIFITS Up to 10 lbs Std.	12 x 10	11.65	—	9.57	.94	9.12	.89	17.65%
Econ.	6 x 32	17.77	—	14.55	2.85	13.89	2.72	17.65%
10 to 20 lbs Std.	12 x 10	14.66	—	12.30	1.21	11.49	1.13	17.65%
Econ.	6 x 28	18.27	—	14.97	2.94	14.28	2.80	17.65%
Over 20 lbs. Std.	12 x 10	18.96	—	15.57	1.53	14.70	1.44	17.65%
Econ.	6 x 24	20.20	—	16.53	3.24	15.78	3.09	17.65%
MOLIVE RAPID SHAVE Cologne	12 x Std	—	—	5.13	.59	4.89	.56	20%
Spice	12 x Std	—	—	5.13	.59	4.89	.56	20%
Alpine Fresh	12 x Std	—	—	5.13	.59	4.89	.56	20%
Regular	12 x Std	—	—	5.13	.59	4.89	.56	20%
COLOUR TINT (All Colours)	3	3.06	1.69	2.52	1.21	2.40	1.15	25%
BLONDE (All Colours)	3	3.06	1.69	2.52	1.21	2.40	1.15	25%
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Silver Blonde	3	3.06	1.69	2.52	1.21	2.40	1.15	25%
FAIR	3	3.06	1.69	2.52	1.21	2.40	1.15	25%
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	12 x 20	9.541	—	7.68	.88	7.32	.84	20%
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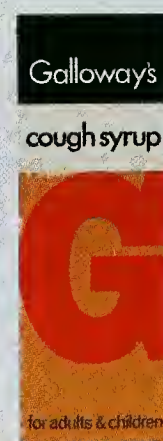
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Meet patients needs — 'Identify and adapt'

Wednesday's professional session dealt with "Pharmaceutical innovation in patient care". Mr David Coleman, community pharmacist and PSNC's deputy chairman, saw innovation as the profession's ability to identify and adapt to changing needs of the population — whether it be by better ability, better presentation of information, better provision for rural patients or recognising the need for domiciliary services.

The biggest "innovation" was the forthcoming Clothier legislation, Mr Coleman said in his paper: "It will at long last give an opportunity for pharmacy and medicine to work together in rural areas, something which is so obviously in the interest of the patient."

While pharmacies would be prevented from opening in rural areas unless the Rural Dispensing Committee agreed, in practice they had not done so in the past because the one-mile rule made the unviable. Doctors would not suddenly be able to start dispensing again without the RDC's approval. The legislation also improved the rights of patients to information and required a written request from the patient for the doctor to dispense.

Rural definition

The definition of "rural in character" would be dealt with more objectively and the requirement abolished that if an area was governed by a rural district council 20 years ago it should remain "rural in character" for ever. Doctors would be compensated when, for example, a suburb was declared no longer rural. Mr Coleman believed this would greatly improve working relationships between the two professions and improve the service patients received. "Hopefully we can look forward to the time when all dispensing is carried out under the supervision of pharmacists and hopefully we can achieve that in co-operation with the medical profession."

Mr Coleman also hoped the Clothier legislation would be introduced without delay. He added that there was a temptation, if one wanted support from the pharmaceutical profession, to criticise dispensing doctors but criticism should more correctly be aimed both at the legislators who produced a framework which allowed doctors to dispense and at the Department of Health who seemed

unable to understand the need to encourage co-operation between the professions in rural areas. Examples of the latter were the different ways in which collection of charges and inspection were treated between the two professions.

The closure of many village and suburban estate pharmacies had led to renewed interest in collection and delivery services, Mr Coleman continued. Typically the pharmacist called once or twice daily at the collecting point and returned dispensed medicines on the next call. A PSNC survey had shown a wide spectrum of community involvement, from the Women's Institute and a Liberal Association to the local postman. Often they were not ideal because there was no direct contact between pharmacist and patient. While on average these services handled only 10-20 prescriptions a week, they were important in that pharmacists had identified a real need and had taken steps to solve it, often at considerable expense.

Pharmacy was prepared to provide a



PROFESSIONAL SESSION

total service 24 hours a day throughout the UK, Mr Coleman continued. But the conditions which would enable the profession to provide that service required a legal and financial commitment from the Government.

Last year some 82,000 "urgent" prescriptions were dispensed in England and Wales and although complaints about lack of out of hours service were rare, there was need for a more formal service, perhaps with a list of 100 all-night dispensing pharmacies throughout the UK or on-call systems organised in each area. In principle the profession was committed to providing a fuller service but problems of security and finance were making final proposals difficult to prepare.

Challenge presented

Mr Coleman believed that the growing numbers of elderly presented an increasing challenge to pharmacy. Many were immobile because of physical disability and he described a service in one south coast retirement town where some 60 per cent of the prescriptions dispensed by one pharmacy were delivered. The pharmacy also provided specialist advice



The speakers at the conference banquet: From left to right: Professor A. T. Florence, Mr W. H. Howarth, Reverend J. Currie, JP, and Lord Ross, QC

Professional sessions
Continued from p545

Domiciliary pharmacy — a growth area

in the home, for example, on how to use oxygen apparatus. The surgery left repeat prescriptions in boxes for specific pharmacies to collect, or the doctor calling on the patient arranged for medicines to be delivered by the pharmacy of the patient's choice.

Domiciliary pharmacy also involved advising on the correct use and storage of medicines and Mr Coleman predicted that it would become a growth area, particularly in districts with large numbers of retired people. Community pharmacists had become tied to their premises — victims, perhaps, of fixed hours and legislation — but now needed a way to balance availability in the pharmacy with a domiciliary role.

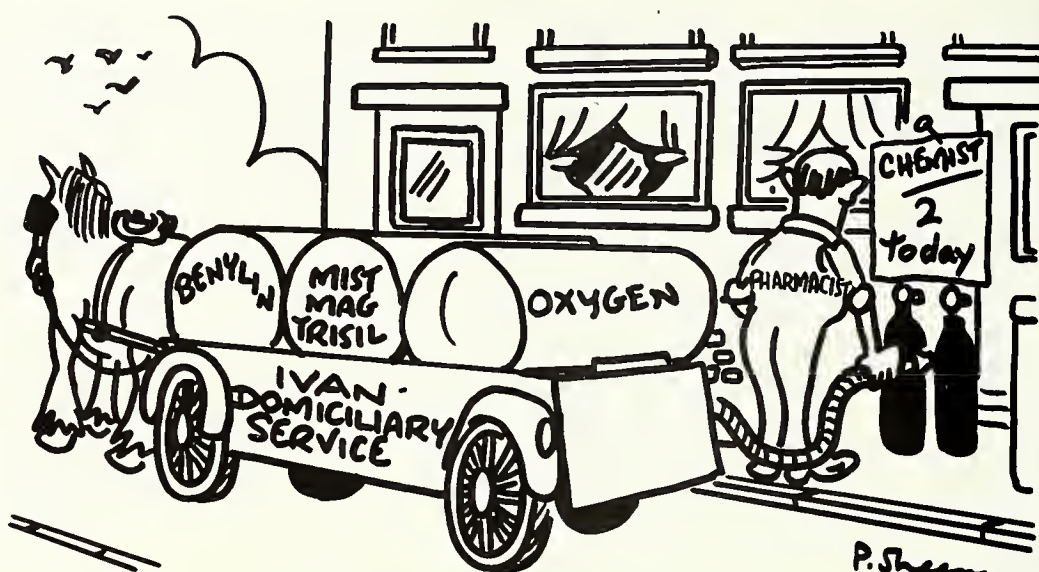
US pharmacy progress

Professor Harold Godwin, president, American Society of Hospital Pharmacists, traced the progress clinical pharmacy had made in the United States over the past 20 years.

Although clinical pharmacy practice was not universal throughout the US, the role of hospital and some community pharmacists had changed significantly. Hospital practice now acknowledged the pharmacist's responsibility for drug distribution control and the rational use of drugs. The following is an extract of Professor Godwin's paper:

Some of the routine functions provided by clinical pharmacists include: Preparation of medication histories; monitoring drug therapy; patient education and counselling; participation in management of medical emergencies, eg, cardiopulmonary resuscitation and drug overdosage; provision of written consultations in such areas as total parenteral nutrition, intravenous therapy, clinical pharmacokinetics, selection of drug therapy, and determination of therapeutic endpoints; management of patients with chronic diseases such as hypertension, diabetes mellitus, chronic obstructive pulmonary disease, arthritis and cancer, in co-operation with the medical staff; detection and reporting of adverse drug reactions; participation in the education of medical, pharmacy and nursing personnel.

In California, North Carolina, and Washington, pharmacists have been given legislative authority for "restricted prescribing". The scope varies, but in



general this authority states that pharmacists, under certain conditions, can adjust doses, authorise prescription refills, and initiate or modify therapy for certain drug classes or diseases.

Pharmacy education leaders hope that recent changes in curriculum and the development of Doctor of Pharmacy programmes will prompt similar practice changes at the community level. It is more and more common to find community pharmacists maintaining sophisticated patient profiles (many on computers) and spending an increasing amount of time counselling their patients on appropriate drug therapy.

There are some experimental models known as "office practices", in which emphasis is placed on taking detailed patient histories, patient education, and patient compliance. These practices are often found in group practice with physicians, with the physician and pharmacist sharing the same patient medical record.

Reimbursement for clinical pharmacy services has been a significant concern of both practitioners and pharmacy organisations. Most payment systems are structured around payment for the drug itself and there was concern that unless the value of these non drug product services was recognised and paid for by the government or insurance companies, clinical pharmacy growth could be thwarted. In 1978 the ASHP formed a task force on reimbursement for pharmacy services which has documented the cost-effectiveness of these clinical functions. Several pharmacies are now being directly reimbursed for clinical services independent of reimbursement for drugs and it is ASHP goal to foster this development.

The challenge is to provide clinical services for patients in all sizes of hospitals and in all types of pharmacy so that this health care responsibility is recognised by the health care community as well as the patient.

During the discussion, Mr Gordon Bullous, Northumbrian Branch, asked advice on a disturbing development in his area. The Gateshead social services department had introduced a computer-linked shopping service in which elderly people could telephone the library with their requirements. The library passed the requests on to a supermarket which delivered the orders and there were suggestions that a prescription collection and delivery service could be incorporated. Mr Bullous thought there was no need for such a development as local pharmacists were always willing to deliver if necessary.

Mr Coleman said he would be reluctant to encourage any scheme in which the pharmacist lost direct contact with the public, particularly with the elderly who needed careful advice on how to take their medicines. He thought the Local Pharmaceutical Committee should intervene and stress the need for a pharmacist to be involved, pointing out that medicines were not ordinary articles of commerce. And in principle all the interested pharmacies in the area should have a chance to participate in the scheme, possibly on a rota basis.

Mrs E. Lucas-Smith, Slough, thought that the oxygen therapy service could be extended to cover a more comprehensive domiciliary service. Although it might take time, in theory it would be a simple extension to an existing arrangement. PSNC should influence the Department of Health to pay pharmacists for offering a domiciliary service to those people in need of one.

Mr John Balmford, Lichfield, did not want pharmacists to confuse a domiciliary service, such as oxygen delivery, with domiciliary visits which would involve advising on the correct use and storage of medicines. He was collecting data on pharmacists who ran domiciliary visits and would be interested to hear from anyone organising such a system.

Computer systems to check interactions and identities

A drug interaction system based on a Commodore 4032 microcomputer and disc drive, said to be suitable for use by both hospital and community pharmacists was demonstrated by Mr N.A. Din.

The tendency towards multiple prescribing, together with an increased awareness of the toxicity of drugs, has made the rapid identification of potentially dangerous drug interactions of paramount importance say Mr Din and collaborator Mr R.M. Morgan of the Department of Pharmacology, Sunderland Polytechnic.

The database contains entries relating to previously reported interactions (eg acetohexamide-phenylbutazone), together with a multicharacter code which is used to generate specific messages concerning the interaction. Two message groups are used, each being selected independently by the code stored in the database.

In the first group are messages referring to the interaction, ranging from "hazardous potentiation" to "hazardous inhibition." The second group of

messages contain 19 qualifying statements which attempt briefly to further describe the cause of the interaction. The database currently contains information on 155 generic drugs.

The program may be operated in three different modes:-

1. A direct search for an interaction between two generic drugs, or between a generic drug and a specific dietary factor. This mode returns a hard copy of the relevant interaction messages. If no interaction is on file, this fact is reported.
2. In addition to the interaction report, the output also prints a reference to the original paper reporting the interaction.
3. Interaction between a new drug and a patient's current medication can be checked. Patient details are stored on a "patient file." When the new prescription is entered, the patient's current medication is compared with the new drug and any interactions presented.

Use of the interaction retrieval system described makes the recall of drug-drug and drug-diet interactions very rapid, and Mr Din believes the system could form the basis of a pharmacy-based interaction monitoring system. Only 30K of 160K of memory available has so far been used.

Identification system

A microcomputer-based system for the rapid identification of solid dose forms was demonstrated by Mr J. Kotecha (his system was also developed at Sunderland

with R.M. Morgan).

The Commodore 4032 has an associated disc drive and 830 generic drug names and strengths on file.

The ability of the microprocessor to search a database rapidly is exploited by first searching for identification code. If the dose form is not identified by this first search the computer then moves to a routine to ask a series of questions concerning the physical characteristics of the tablet or capsule. The answers to these questions are then used to produce a unique code (generated code) which is used to search the database.

On program run the "identification code" or "generated code" is searched in a series of sequential files. When the required code is found the computer also finds a complex code which points to a random access file containing details of generic drugs. The contents of the tablet or capsule are collected by successive calls to this file until all active ingredients are displayed on the screen.

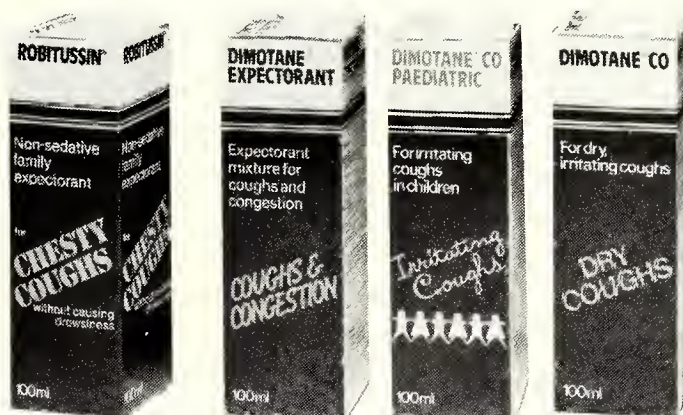
In 40 trials with volunteers the computer system was found to be faster than a chart-based system — each volunteer made no more than three attempts to identify a preparation and no training was given in the use of either system.

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A GI tract-trip to check drug behaviour

Thursday's symposium session on "Gut reaction to tablets and capsules" examined ways in which gastro-intestinal side effects to drugs could be reduced.

Dr David C. Taylor, ICI pharmaceuticals division, said that a drug's behaviour in the GI tract was a three-way interaction between the drug, the formulation and the GI environment, but certain complications made it difficult to predict this interaction. The following is an extract of his paper:

The concentration of drug in solution at the gut mucosa is determined by dissolution rate of the formulation, drug solubility and the ability of molecules to diffuse across the gut wall. These factors determine the rate of absorption and, hence, the overall bioavailability of drug. We might expect the incidence and intensity of gastro-intestinal side-effects to be similarly dependent on drug concentration, although this is a less well-defined relationship and may vary according to the drug and mechanism involved. Solid drug particles may also be involved in the production of gastro-intestinal side-effects, in contrast to bioavailability where only drug in solution is relevant.

Complicating factors

This simple interaction changes constantly with time as the drug moves along the gastro-intestinal tract. Dissolution rate, solubility and absorption rate all vary with changes in gastro-intestinal pH, fluid volume and the intrinsic permeability of the mucosal membrane. A further complicating factor is that transit rates differ for solid drug and drug solution.

For most drugs, where the small intestine is the principal site of absorption, the gastric concentration does not affect bioavailability, so the same drug in conventional rapidly dissolving tablet form will usually produce bioavailability identical to the solution. Disintegration and dissolution will have occurred in the stomach and the drug is emptied into the small intestine at a rate similar to that for the solution.

However, there is a major difference in the disposition of the drug in the stomach which may have other consequences. Because of the low volume of fluid available, the behaviour of a tablet in the stomach is unlike the complete dispersion and rapid dissolution

seen in a dissolution beaker *in vitro*. The dosage form usually deposits at one site on the gastric mucosa and remains adhered to this site until the disintegration / dissolution process is complete. The spreading of drug over the mucosal surface is therefore limited and the mucosa is exposed locally to high drug concentrations, leading to gastro-intestinal toxicity with potentially irritant drugs. These high concentrations may also be unnecessary from the bioavailability viewpoint.

The enteric-coated tablet is one approach to protecting the gastric mucosa. As the tablet core disintegrates the intestinal mucosa experiences similar exposure to the drug as with a conventional tablet, so bioavailability should be little changed.

Another approach is the buffering of aspirin by antacids to prevent the drug's penetration of the gastric mucosa which occurs rapidly below about pH4. But although they have been widely used, many of the traditional buffered aspirin tablets seem little better tolerated than conventional aspirin, and are not as effective as the more recent enteric-coated formulations.

Neither enteric-coating nor buffering are applicable to drugs like potassium chloride, which cause both gastric and

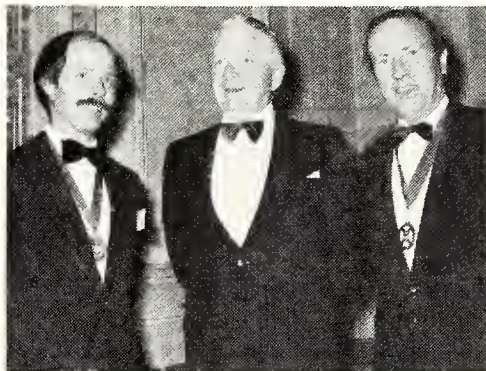


intestinal side effects. Instead, sustained release formulations can reduce drug concentration at the mucosa throughout the tract and oral potassium chloride is now administered almost exclusively in this form. The control of mucosal drug concentrations depends on achieving a balance between release rate from the formulation and rate of removal by absorption in the small intestine.

Altering the kinetics

The use of formulation to alter the kinetics of the drug-mucosa interaction will also change the rate of drug absorption. This may not always be desirable, particularly if it leads to reduced overall bioavailability or to sub-active blood levels. But sometimes these effects may increase the drug's acceptability. The use of theophylline in asthma is associated with adverse GI effects, partly due to local irritation and partly to central effects resulting from high systemic blood levels. Enteric-coated tablets alleviate the local effects but are not as effective as sustained-release

Continued on p550



The presidents of the Pharmaceutical Societies of Northern Ireland and Ireland, Mr R.J. McDonald (left) and Mr A.J. Quirke (right) flank Mr M.J. Cahill, PSI registrar, at the banquet reception.

The 1983 London BP Conference logo proudly displayed by a delegate to this year's Conference.



Potential hazards in special formulations

Continued from page 549

formulations which both reduce local irritation and "smooth out" the high peak blood levels responsible for central effects.

The greatest potential hazard in using these specialised formulations is probably that of reduced bioavailability, eg, with theophylline substantial bioavailability differences between generic sustained release formulations have been reported.

The absorption characteristics of the drug itself also affect the kinetics of drug contact with the gut mucosa. A rapidly absorbed drug will be present at lower concentrations and over a shorter length of the tract than a slowly absorbed drug, which may persist at relatively high concentration down into the large intestine. Local toxic effects are rarely ameliorated by any of the formulation approaches described above. Ferrous sulphate is a clear example. Generally less than 10 per cent of an oral dose is absorbed and the drug, given in conventional tablet form, is associated with both upper GI irritation and lower GI effects (diarrhoea and constipation). Sustained-release tablets reduce the former but make no difference to the latter presumably because they are due to the high levels of unabsorbed drug.

Diarrhoea is a well-known side effect of ampicillin, probably due to slow and incomplete intestinal absorption resulting in high levels of unabsorbed, active antibiotic in the large bowel. Diarrhoea results from the consequent changes in the colonic microflora. Attempts to overcome this problem have involved the introduction of ampicillin prodrugs such as pivampicillin which are better absorbed and do not have the large bowel effects of ampicillin. It is ironic, however, that pivampicillin re-introduces the problem of upper GI irritation unless formulated carefully.

Controlled release

Dr H. Bechgaard, manager, controlled release division, A/S Alfred Benzon, Copenhagen, explained a multiple-unit controlled release dosage form that had advantages over single-unit forms in countering the influence of GI factors on drug absorption. Single-unit preparations retain their integrity throughout the alimentary canal whereas multiple-units preparations disintegrate in the stomach into many sub-units such as micro-encapsulated crystals, pellets or coated granules that are freely distributed

throughout the GI tract.

Multiple units dosage largely eliminates the dependency of the depot on gastric emptying, because the sub-units are sufficiently small to pass the pylorus even when the sphincter is closed. Single-unit preparations have highly variable gastric emptying and intestinal transit times and are therefore less suitable to have release profiles adapted to variations in pH or to specific absorption sites. Sometimes it is desirable to delay the drug depot in the upper gut to ensure optimal absorption or to prolong the absorption phase; because the sub-units of multiple-units formulations are distributed throughout the gut they offer a longer-lasting and more reliable source of drug.

Work in ileostomy patients has suggested that the transit time of the sub-units depends on their density rather than diameter.

Dr Bechgaard concluded that, despite the many physiological factors influencing release of drug from a controlled-release form, it should be possible to design a reliable source of drug without compromising the safety and efficacy of the product.

Effects of suppositories

Dr C. G. Wilson, lecturer in physiology and pharmacology, Nottingham Medical School, described work done on tissue reactions to polymer vehicles used as drug solvents in suppositories. These vehicles can be blended in various combinations to give a wide range of formulations, from solid suppositories to semi-solid micro-enemas that can also enhance the absorption of drugs. However, their formulation advantages must be balanced against their risk of irritancy or exacerbation of large bowel disease, Dr Wilson said.

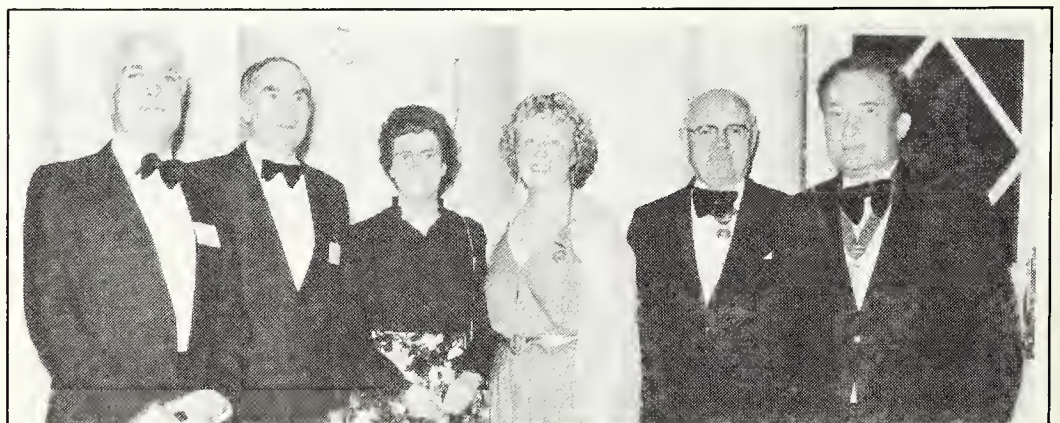
Exposure of the rat rectum to suppositories of Brij 35, Myrj 52 and polyethylene glycol caused changes in the epithelium, with Brij 35 having the most

marked effect. There was some shedding of epithelial cells, and the mucus-secreting cells released their contents into the lumen. Mucosal ulceration was induced at the site of insertion but further away from this area the damage was restricted to loss of the surface epithelial cells. This loss was restored within six hours after treatment and Dr Wilson believed there was no cause for concern. The ulceration had healed within a week. The vehicles were used in their unadulterated form and were therefore in much higher concentrations than would normally be achieved in practice.

Suppositories labelled with gamma-emitting radionuclides were used to trace how the bases spread within the rectum. Liquefaction of the lower melting point surfactants such as Brij 35 occurred more rapidly than polyethylene glycol and spreading was more pronounced. The degree of spread corresponded roughly to the extent of the damage seen distal to the size of insertion.

During the discussion, some speakers suggested that an obvious way to prevent gastro-intestinal side effects from tablets would be to advise patients not to swallow them whole but to chew them carefully, unless they were specially formulated as delayed-release or enteric-coated formulations. However, speakers from industry warned against this advice because many tablets, not only sustained-release preparations, were designed to be swallowed whole; dissolution times, stability and other factors had been carefully worked out on that basis. And sugar would have to be added to bitter medications to make them more palatable for chewing, thereby increasing the risk of children mistaking them for sweets.

Mr E. York, Northampton, asked for some general advice on when tablets should be taken in relation to food, as manufacturers often gave no guidance. The symposium speakers agreed that there could be no general rule because each drug and formulation had to be considered on its own merits.



Delegates from Northern Ireland attending the conference at the banquet. From left to right: Mr J.H. Galbraith, Mr R.G.P. McMullan, Mrs P. Galbraith, Mrs C. O'Rourke and Mr T.I. O'Rourke and Mr J. Chambers.

Pharmaceutical history in Edinburgh

Two "double events" were the feature of the Conference session arranged by the British Society for the History of Pharmacy. In addition to the two papers there was also a double ceremony of presenting certificates of honorary membership of the History Society to Mr Charles Drummond and Professor David L. Cowen. The certificates were handed over by Dr W. E. Court, president BSHP.

The first paper, by Dr A. D. C. Simpson, assistant keeper, Royal Scottish Museum, Edinburgh was on "Sir Robert Sibbald: The founder of the Edinburgh Physic Garden".

Scotland's capital in the 16th century was a medieval clutter of dwellings in the shadow of the castle. The medical needs of the city and the surrounding country were served by apothecaries and surgeons, together with a handful of physicians who had travelled abroad and studied at one of the continental medical schools. One such physician was Robert Sibbald who, almost 300 years ago, established the Royal College of Physicians of Edinburgh. Earlier he set up the first public physic garden.

Sibbald was born in Edinburgh in 1641. By the time he was 21 he had a medical degree after studying at Leiden and Paris. Returning to practise in Edinburgh he was joined by Andrew Balfour whose court comedians assured him of a ready welcome in the Restoration capital and he soon came to Charles II's personal attention.

Both Sibbald and Balfour set up private gardens for use in dispensing and in 1670 they leased a plot of land at Holyrood. To cultivate it they employed James Sutherland "a youth, who, by his own industry, had attained great knowledge of the plants". Other physicians supported the venture financially, which brought opposition from the Incorporation of Surgeon Apothecaries. However Balfour's skill and diplomacy won the surgeons round. Meanwhile Sibbald had become associated with James Drummond, Earl of Perth, being appointed his physician in 1678. Perth and his brother John Drummond, later Viscount Melford, became members of the King's highly influential Privy Council.

Perth's patronage aided Sibbald's aim to establish a College of Physicians; it also advanced him personally. In September 1682 he was appointed Physician-in-Ordinary to Charles II and three months later was given the slightly unexpected title of Geographer Royal for Scotland. In his commission, Sibbald was charged with producing a natural history of Scotland and also a geographical description on historical and topographical lines, but that complete work never materialised. The *Scotia Illustrata*, a natural history of Scotland, appeared in 1684. It was well received.

In December 1684, Sibbald became president of the College of Physicians and in the following year he was elected by the town council to be the first professor of medicine in the University. By his diverse writing, Sibbald gained a reputation as Scotland's leading antiquary. But "Sibbald's lasting memorial" said Dr Simpson, "must be his physic garden, which thrives to this day".

Professor Cowen suggested that, although the pre-eminence of Edinburgh as a centre of medical science during the 18th century had been recognised by historians, "what has not been given its proper attention is the influence on pharmacy that emanated from Edinburgh."

Continued on p552

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'An outstanding publication'

This influence arose from two widely disseminated and high respected publications, the *Pharmacopoeia* of the Royal College of Physicians of Edinburgh and the *Edinburgh New Dispensatory*. The *Pharmacopoeia*, which had been the first order of business when the Royal College of Physicians came into existence, was first published in 1699 and continued for one and a half centuries, going through 12 editions, the last in 1841. Its compilation and publication ceased in expectation of the development of a British *Pharmacopoeia*.

The *Edinburgh New Dispensatory*, a continuation and up-dating of William Lewis' *New Dispensatory*, was first published in 1786 and continued through 12 editions until 1830. These publications, being frequently revised, provided the pharmacist and physician with advances in therapeutics, materia medica and science. "This", said Professor Cowen, "was especially significant for the processes of pharmacopoeia-cleansing, of

adding new findings, and of incorporating the new chemical and botanical nomenclature and knowledge."

The *Edinburgh Pharmacopoeia* was in the "forefront of the elimination from the materia medica of the claptrap that had cluttered it from time immemorial". Animal simples were reduced from 47 to 27 in the fifth (1756) edition and to ten in the eighth edition (1774), both, be it noted, long before the famous revision of 1788 of the *London Pharmacopoeia*. The most important of the revisions was that of the fifth edition of 1756, with the elimination of theriac and mithridate. The *London Pharmacopoeia* whose fifth edition of 1746 was not revised until 1788, did not follow suit for 32 years!

The *Edinburgh* compilations reflected the new science of the late 18th century. The nomenclature of Linnaeus *Species Plantarum* was introduced in 1774 and from 1791 the *Dispensatory* included "a full and clear account of the new chemical doctrines of Mr Lavoisier." This was probably the first pharmaceutical work to embrace Lavoisier's chemistry and when in 1803 (not 1805 as sometimes stated) the *Edinburgh Pharmacopoeia* incorporated the new names and terminology of

Lavoisier it was one of the earliest to do so, perhaps third to the Spanish and Austrian pharmacopoeias of 1794.

The *Edinburgh Pharmacopoeia* exerted considerable influence on medicine and pharmacy. There was ample evidence of this in terms of the sale records of the work; the numerous unauthorised reprints and translations in London and abroad; the vast number of dispensaries and conspectuses in which the pharmacopoeia played a part, and its role as the progenitor and source of other pharmacopoeias.

The *Edinburgh New Dispensatory* was an outstanding publication which had a wide circulation, being the most comprehensive and best textbook on pharmacy of its day, being reproduced in German, French and Italian. It was copied in the United States, where its greatest influence was as progenitor of American Dispensatories.

Pharmacy, which was also a part of medical practice well into the 19th century, thus had its scientific synthesis and its source of instruction in these pharmacopoeial publications from Edinburgh.

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Rural 'treachery' from PSNC/PSGB

In allowing the doctors' representatives to win their way by securing signatures of patients in the privacy of the surgery, our representatives on the PSNC and the Council of the PSGB have shown incompetence so appalling that it borders on treachery.

John Davies in his letter to your issue of September 11 has heard that our negotiators have agreed to these terms under threat of withdrawal by the doctors. If, in military terms, an invading army said: "If you don't surrender we will withdraw", I would regard this as an invitation to occupy the aggressor's territory. Especially if I had the weapons of economic argument that the rural pharmacist has — and has laid aside, as instructed, during the Clothier standstill. The détente has been of such length that our negotiators have petrified in their offices, while the adversary has been flexing his muscles.

Here are some weapons which it now seems will have to be used in the future barrage of publicity to counter the dispensing doctors' secret persuasion.

In 1980 there were 2,247 dispensing doctors on the Drug Tariff system out of a total of nearly 29,000 in all. We are told recently that each urban doctor contributes £500 from the global fund to keep his rural brethren off the bread line. The next week we are told that the dispensing doctor is overpaid, earning as he does £1.25 to every £1 paid to his urban confrere. So 29,000 doctors less 2,247 leaves 26,753 urban doctors who are paying £500 each (or £13,376,500) out of their average salary of £20,000 (so *The Times* tells me) to enable their country cousins to earn £25,000!

That is far from the whole story. Many village pharmacies exist where a one-mile radius encompasses no more than 1,200 people. Some surgeries next door to the pharmacy, or nearly so, have 3,600 patients within four miles of the same point. So if my NHS cheque is £5,000 a month in an area of elderly and chronically sick people, the doctors' cheque will be £15,000. Oh no! My source of information, the OHE Compendium of Health Statistics, tells me the doctors' prescribing costs are more in the country; perhaps that monthly cheque is £18,000, of which the doctors' gross profit of 33 per cent against my 20 per cent means £6,000 a month or £72,000 a year. Even if three partners share this I can only assume that at the lowest scale of average salary of £16,000 (*The Times* again) we are talking about a salary of £40,000 a year

each after augmentation with revenue from dispensing.

I do not want this sort of money at the expense of the lower paid worker or taxpayer, but for very little extra to my £5,000-a-month cheque, and the installation of a label printer, I could double my output — given a proper contract which, being for a rural area, should be a new one with the same terms and accountability for dispensing doctors and pharmacists alike.

These facts, properly collated from information freely available, should be issued as printed pamphlets for circulation to every MP and every doctor for a start. Will our elected representatives do it, or are they afraid of doctors too?

Give me four active retired colleagues and I'll work for the RPA for nothing. They are our only hope now. The RPA needs more members *now*. Please write to me or John Davies for copies of the *Rural Pharmacist* and application forms.

Keith Jenkins,
The Pharmacy,
Burnham Market,
Kings Lynn,
Norfolk.

or a rural retreat...

I have just received a copy of a letter sent to an RPA colleague from the PSNC regarding the arrangements for option forms for rural patients. The following is part of the reply:-

"You will probably be aware that under the current regulations no option form is required and that there are a number of FPC areas where all that is required is for the doctor to signify by the letter D on the medical certificate that the patient is a dispensing patient. The Clothier arrangements are a compromise and, while the PSNC would have wished the option forms to be sent out by, and returned to, the FPC, this was not acceptable to the medical profession.

"The view of the PSNC and the PSGB is that it would be better to have the implementation of the Clothier proposals with an option form — thus throwing some importance on the current system — than to have the whole of the Clothier proposals founder, result in a return to the status quo where an option form is not required."

From this reply it would appear that the matter is a *fait accompli* and I am appalled that the PSNC should have given way on such a vital issue. If the PSNC were negotiating on behalf of the medical profession, they couldn't have done a better job for them.

Let there be no pulling of punches on this — the PSNC and the PSGB have done a great disservice to the rural pharmacist. The PSNC is supposed to

look after our interests and yet at the first sign of resistance they give in on the most fundamental of issues. Why the PSGB should even consider that the doctors should be given a free hand to coerce or wheedle patients into signing forms on behalf of the doctors is beyond my comprehension. Where are those strong advocates of rural pharmacy who were so anxious to help the rural pharmacist when they presented their election addresses?

I notice with unbelieving wonder the appalling acquiescence of the members of the Society and the pharmaceutical Press over this matter. Every pharmacist should be up in arms at the way our negotiators and our Council cave in when the medical profession will not accept the "freedom of choice" to which both parties had agreed, but require instead their coercive presence whenever a document is to be signed which might otherwise not go in their favour.

The silence that has been witnessed in the pharmaceutical Press on this matter makes me wonder whether members of the Rural Pharmacists Association are the only ones willing to do battle on this issue — or has everyone else caved in together with the PSNC and the PSGB?

John Davies,
Secretary Rural Pharmacists' Association
Wiveliscombe, Somerset.

...on 'option' forms

Those of us in rural areas are well aware of the pressure that some doctors who supply some of the medicines that their patients need, bring to bear on those patients who may wish to obtain those medicines in the proper way, through a pharmacist. It seems to us, therefore, a further cynicism in a cynical campaign by those doctors to be prepared to undertake the issue of the dispensing choice forms on behalf of the FPC, and the willingness of our negotiators to consider the suggestion.

Like many others, I can recall the commencement of the NHS prescription tax, which became an unwelcome pharmaceutical responsibility because the medical profession refused to consider any scheme involving them, because of the extra work that would be required.

We ask what has changed that has given these doctors enough time to deal with FPC forms. Perhaps the Exchequer would consider that their remuneration has been too generous if they are able to offer this amount of free time. Perhaps our negotiators could ask.

David Morgan,
Wootton,
Abingdon,
Oxon.

Open letter to the president

It is not often the president writes to members of the Society, period, (I am still waiting for an acknowledgement of three letters written in January this year).

He reminds us of our responsibility to our profession. May I remind him and Council members of their responsibility to the members of the Society, especially those of us who are community pharmacists. Perhaps one day we might be able to say "God bless the Pharmaceutical Society", but as he rightly says, he "doubts whether this idyllic picture will ever be painted".

He talks about inspiring confidence. When are our leaders going to inspire us, the members, with confidence that they are doing the right thing, that the registrar might even refuse registration to premises that do not have the correct planning permission, and if they are unable to refuse registration, then to be honest with their members and say so?

We know that we are an essential part of the primary health care team and that our responsibility is to our patients. Unfortunately, a lot of my patients find it incredible that the Society allowed registration of a "front room dispensary" next to doctors' surgeries only 400 yards

from three "proper" community pharmacies. How is one able to explain to the patients that this "dispensary" does not belong to the doctors, or to myself or even to a pharmacist, and that by using these premises they are jeopardising the viability of those three pharmacies?

Pharmacists cannot work out their own destiny, when all money is tied up in stock and there is a two-month wait for payment from the NHS.

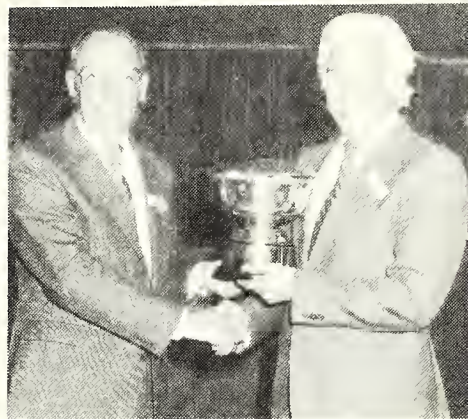
How true to say "there is nothing like a sentence of death to concentrate the mind". For the last two years my mind has been "concentrated" on trying to get the Society, the NPA, and the DoE to sort out the tangle that has arisen in my vicinity. By allowing registration of class XV planning permission, given by the DoE, a precedent has been set and anyone, anywhere can open a "front room dispensary" if he can obtain property next to surgeries, even if they are in a residential area.

In step (iv) of his letter the president says: "Make sure that your premises stand out from other retail establishments and reflect a professional image". The newly-registered dispensary next to the surgeries is not allowed to be used for retail or look like a shop because it is in a residential area and is a listed building, the front of which may not be altered.

So, Sir, I ask you to step back and take an objective view of yourself, your

Society, your Council and the service that is given.

M. L. Rood,
Woolston, Southampton.



Unichem member Mike Thornton of Blandford Forum, Dorset, is this year's winner of the Unichem Colgate Pharmacist Golfer of the Year Tournament played at St Pierre Golf Club, Chepstow, on September 8. Mike, who has a handicap of 10, scored 69 points. He is pictured (right) receiving the silver rosebowl trophy from Unichem chairman Norman Sampson at a special prize-giving banquet after the day's play. He also received a set of Waterford Crystal glassware and replica of the trophy. Thirty-three pharmacists from all branches of the profession competed in the sixth final of the tournament.

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Corporate identity change for Regency

Regency Colour Laboratories have formally announced their name change to Regency Film Services. They will market all of their products and services under the new name.

Regency Film Services is now the trading name for colour processing laboratories in Enfield (Cross of Enfield Ltd) and Leicester (Leicester Photo Company Ltd).

The new corporate identity is reflected in a newly designed logo which will be used in future publicity and POS material as well as print wallets and film boxes. The logo has been designed to convey a clear and colourful image to consumers through the various retail outlets offering processing, say Regency.

Regency recently became the first colour processing company to be awarded Kodak's gold award for quality following their appearance on the table of merit for four consecutive months.

New chemicals list — register or pay

Companies failing to check their chemical products are registered in a new core inventory could face analysis fees of over £50,000. The Health and Safety Executive is warning companies that they have until December 31 to check the inventory (known as ECOIN) and report any substance not included which should be listed.

ECOIN is a core list of chemical substances known to be on the European market between January 1, 1971 and September 18, 1981. It is the first stage in the European Commission's preparation of EINECS (European Inventory of Existing Chemical Substances).

When EINECS is finally published any substance not included will be considered new, and may thus be subject to extensive testing and notification requirements. These are unlikely to be less than £50,000 and could cost much more.

A telephone service has been set up at 01-723 2108 for companies requiring advice. A leaflet introducing EINECS is available from all area offices of the HSE or from *HSE, Room 11.8, 25 Chapel Street, London*.

Innoxia/Steiner deal

Innoxia Group have reached an agreement with Steiner Group to manufacture and market Steiner's range of hair products. The new brand will operate as Steiner Marketing Ltd at 17a The Broadway, Wimbledon, from October 1, and representatives have been appointed to call on chemists and other outlets.

Tory 'think tank' calls for replacement of NHS

A Treasury-backed paper on public expenditure — which includes a call for the replacement of the NHS — has been presented to the Cabinet for consideration as part of the next Tory manifesto.

The paper, details of which appeared in last week's *Economist*, also contains proposals for the privatisation of higher education and an end to inflation-linked social security benefits. Cabinet discussion of the paper was however blocked by Conservative "wets".

The CPRS argues that, if the Government is to succeed in achieving significant cuts in public expenditure, then it must consider radical changes in the four areas which account for the lion's share of spending — health, education, social security and defence. The CPRS points out that, based on current forecasts and continued low economic growth, public spending will continue to consume at least 45 per cent of gross domestic product for the foreseeable future — only one per cent below its peak level under the last Labour Government. On worst economic growth predictions and assuming current welfare state policies continue, it estimates that the State's share of GDP could reach almost 60 per cent by 1990.

Compulsory health insurance?

The paper suggests that the NHS be replaced with a system of private health insurance. On current prices this would give a saving of some £3,000-£4,000m per year. The major problem foreseen by the CPRS is that the less-well-off will tend to under-insure. This means it may be necessary to set up a compulsory minimum level of insurance for everyone. As an interim measure, savings could be made by substantial increases in prescription charges and by charging the public for visits to doctors.

On education, the paper recommends the ending of State finance for all institutes of higher education, and the setting of fees at market rates. Scholarships and student loans would be introduced instead of grants. Great savings could also be made if social security benefits — including everything from pensions to supplementary benefit — were no longer to rise in line with inflation.

The CPRS proposals were circulated along with other Cabinet papers earlier this month. They came with a recommendation from the Treasury that the paper form the basis of a Conservative

public spending strategy for the next decade. "This means that its ideas were not pulled out of the ether and that it has more significance than most think-tank products" the *Economist* says.

Treasury 'furious'

Treasury Ministers are said by the *Economist* to have been "furious" that the discussion of the paper was blocked, and Mrs Thatcher herself is thought to be sympathetic with the think-tank's general conclusions. She can now be in little doubt that such a course would risk splitting the party wide open. "But Tory 'wets' expect that the think-tank's ideas will soon resurface in another guise", the *Economist* concludes.

□ *Our Parliamentary correspondent writes:* The way in which Treasury Ministers have been sharpening their economy axe is demonstrated by the rank and file motion selected as the centre piece for a debate on economic policy and taxation at next month's Conservative Conference. It calls on the Government to confirm its commitment to reducing public expenditure — up to now the Government's aim has been to reduce the rate of increase in public spending.

The conference agenda includes a resolution from the Conservative Medical Society which calls on the Government to introduce legislation to ensure that the patent life of a new drug runs from the date it is approved for marketing, rather than, as now, from initial registration of the chemical compound.

Unichem own-brand sales near £7.5m

Sales of Unichem's own-brand products are on course to exceed £7.5m in 1982 — an increase of over 60 per cent on the previous year. This success was spearheaded by the company's range of baby products. All-in-one nappies performed particularly well, with sales at more than three times their 1981 levels, "fully justifying the television advertising carried out early this year".

Mansize tissues have also produced very good figures, becoming best sellers in many instances. "Each of the new products introduced in 1982 has been welcomed by our members", says Bill Hart, assistant commercial director, "and it is very pleasing to see we are on the right lines in this area."

Fisons return to profitability

Fisons showed pre-tax profits up to £9.06m in the six months to June 30 — an increase of £7.46m on the previous year's first-half figure. These are, however, the first set of figures to appear since the disposal of their loss-making fertilisers division to Norsk Hydro in May, and most of the £50m proceeds are still in the balance sheet.

In the first half of 1981, fertilisers showed a loss of £1.84m. Excluding fertiliser sales made in the first five months of the period, total turnover was up 20 per cent at £173.9m.

Pharmaceuticals made the leading profit contribution, with a trading figure of £9.62m, up 30 per cent on the previous £7.3m. Sales in the division reached £68.48m (£54.24m). In Europe a bad season for hay fever sufferers boosted sales of Lomusol. The company's anti-allergy products maintained their lead in world markets, with the inhaler form of Intal and existing eye-allergy drugs expected to further boost earnings when they receive the anticipated product licences in the USA and Japan. This new aerosol-style inhaler is expected to allow Fisons to further increase sales of the

product as it is felt to be considerably easier to use than the Spin-haler version.

Chief executive John Kerridge feels the company's recovery now to be complete, and anticipates continued growth in the future. Profits in the horticultural division rose to £1.4m (£1.1m), and scientific equipment contributed £1.7m (£0.85m). Pesticides division FBC, owned jointly with Boots, showed no real improvement in a market depressed by a flood of cut-price rivals.

Roche form new products division

Roche Products have formed a new division, known as Sauter Laboratories, which will aid the group in introducing a range of new products. In addition to Rohypnol — the first launch under the new banner (see p526) — responsibility for Librium, Limbitol, Libraxin, Rivotril and Roscorbic has been transferred from the parent company. Other new products are on the way. Representatives will be calling on retail pharmacists over the next few weeks to explain the services Sauter can offer. The new company is located at Sauter Laboratories, PO Box 8, Welwyn Garden City, Hertfordshire AL7 3AY (tel 070 73 34831).

Kingswood Chemists weather recession

Pre-tax profits for Booker McConnell plc reached £4.414m in the six months to June 30 — up £535,000 on the 1981 first half figure. Turnover rose to £407.2m from the previous £405.5m. The health products division, which includes Kingswood Chemists and Booker Health Foods, managed sales of £35.6m (£31.4), but had slightly lower profits at £1.168m (£1.239m).

Kingswood's performance is said to have shown "considerable resilience" despite difficulties caused by the recession and a continuing decline in margins on NHS dispensing. Counter sales profit was a little higher however. Booker Health Foods suffered a decline in profits on their wholesaling activities — a result of virtually static sales volume and higher costs, according to the company. The UK as a whole contributed £6.874m (£8.077m) to group profits.

Chairman Michael H. Caine sees the company as achieving improved full year profits in 1982, with strong performance in the engineering and agricultural divisions compensating for the recession-hit areas of health products and spirits.

More Business News overleaf

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APPOINTMENTS

■ **H. Bronnley & Co Ltd:** Alan Baird is appointed sales manager. He will join the company's head office staff from mid-October.

■ **Vichy (UK) Ltd:** Robin Bridges is appointed South West area manager with effect from October 1. He previously worked with Unicliffe.

■ **Jica Beauty Products Ltd:** Chris Hyland is appointed London area manager. He has been with the company for 18 months, working previously for Mary Quant and Gillette.

■ **Jackel & Co Ltd:** Mr Brian Boyce is appointed managing director. He joins the company from Boots Co, where he was merchandising controller for proprietary cosmetics and toiletries.

■ **Pharmagen Ltd** have appointed three area sales controllers to continue their transfer order business. Mr D. A. Dickson (Scotland), Mr R. W. Rylands (North) and Mr F. F. Benham (South East) have now begun regular calls on chemists and wholesalers.

■ **J. Bibby & Sons plc:** Mr Geoffrey Thompson becomes vice-chairman with effect from October 1. He succeeds Mr Roy Rocke who retires on November 8. Mr Thompson, who joined Bibby in 1964 and became a director in 1975, will be succeeded as managing director of the industrial group by Dr Robert Paine.

■ **Norwich-Eaton Ltd:** Dr P. C. Somerville, BSc, MPhil, PhD, is appointed technical services manager, and Mr Mike Bell becomes marketing manager. Dr Somerville has several year's experience in pharmaceutical research, production and quality assurance, and was senior lecturer in the department of pharmaceuticals at the University of the North, South Africa. Mr Bell has spent the past six years in the pharmaceutical marketing division of Reckitt & Colman, most recently as product group manager.

MARKET NEWS

Easier oil prices

London, September 21: Some essential oils were marked down by dealers during the week in an effort to stimulate sales. With the holiday season virtually at an end, merchants and buyers alike have returned to find the business climate as depressing as when they went away.

During the past week most South American oil prices were steady, Indonesian were mixed while the Chinese oils citronella and cedarwood were lower. The latter oil was quoted for shipment after a few weeks' advance, although spot oil was always available.

Some botanicals were again unquoted after becoming available for a short period — these included ipecacuanha, lobelia and sarsaparilla. Reduced in price were Peru balsam, benzoin and liquorice root. Dearer were witchhazel leaves, Indian valerian and Canada balsam.

Pharmaceutical chemicals

Acetarsol: £25 kg in 50-kg lots.
Atropine: (per kg in ½-kg lots) Alkaloid £220; methonitrate £205; sulphate £193.
Benzocaine: BP in 50-kg lots, £7.50 kg.
Biotin: Crystals £5.51 per g; in 10-g lots.
Bromides: Ammonium potassium, sodium per metric ton in 50-kg lots £1,000; 250-kg lots £975; 1,000-kg £950.
Brucine sulphate: £45 kg.
Butobarbitone: Less than 100 kg £26.20 per kg.
Carbazochrome: technical £60 kg; sodium sulphonate £105 kg.
Carbon tetrachloride: BP 5-ton lots in 290-kg drums £305 per metric ton.
Chloral hydrate: 50-kg lots £2.55 kg.
Chloramphenicol: *levo* BP '80 £20 kg in 500-kg lots.
Cinchocaine: (5-kg lots) base and hydrochloride £125 kg.
Citric acid: BP per metric ton single deliveries, granular monohydrate £841; anhydrous £887 (powdered £25 premium per 1,000 kg).
Iodoform: USNF £17 kg in 50-kg lots.
Isoetharine hydrochloride: £170 kg for 1-kg lots.
Isoniazid: BP 1973 £5.00 kg in 300-kg lots.
Pholcodine: 1-kg £538; £493 kg in 60-kg lots. Subject to Misuse of Drugs Regulations.
Phthalylsulphathiazole: 50-kg lots £6.68 kg.
Physostigmine: Salicylate £3.33 per g; sulphate £4.27 in 100-g lots.
Pilocarpine: Hydrochloride £532.43 kg; nitrate £527.03.
Quinalbarbitone: Sodium in 50-kg lots £32.65 kg.
Sillboestrol: BP in 25-kg lots, £197.50 kg.
Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg 5-10 kg lots.
Succinylsulphathiazole: £10.20 kg in 50-kg lots; imported £6.20 (250-kg).

Sulphaquinoxaline: BP Vet £15.29 kg; sodium salt £20.90 in 500-kg lots.
Sulphathiazole: BP 1973, £4 kg in ½-ton lots.
Talc: BPC sterilised £701 metric ton in 50-kg; £434 for 1,000-kg lots.
Thiamine: Hydrochloride / mononitrate £18.43 kg in 20-kg lots of British origin; 500-kg £17; imported £16.50.
Tocopherol: DL alpha 5 kg £17.05 kg.
Yohimbine hydrochloride: £356 per kg; £344 kg in 5-kg lots.
Zinc acetate: Pure £1.63 kg in 50-kg lots.
Zinc carbonate: Pharmaceutical grade £756 per metric ton.
Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Balsams: (kg) Canada: No spot; £18.65, cif. Copaiba: Spot £4.40; £4.25, cif. Peru: £9.40 spot; £9.50, cif. Tolu: Spot £5.30.
Benzoin: £131 cwt, cif.
Chillies: Chinese £1,450 metric ton; powder £925 per metric ton spot.
Cloves: Madagascar £6,100 metric ton spot £6,000, cif.
Ginger: Cochin £1,000 metric ton spot; £1,050, cif. Jamaican No.3 £1,950, cif, nominal; Nigerian split £550 spot; Indonesian £550 spot.
Liquorice: Root, £615 metric ton spot; £640 metric ton, cif. Block juice £1,400 metric ton spot; spray-dried powder £1,900.
Lobelia: European unquoted.
Menthol: (kg) Brazilian £6.75 spot; £6.60, cif. Chinese £6.20 spot; £6.40, cif.
Quillaia: Spot £1,095 metric ton; £1,085, cif.
Sarsaparilla: unquoted.
Seeds: (metric ton, cif). Anise: China star £2,350. Celery: Indian £625. Coriander: Moroccan £340. Cumlin: Indian £1,125. Fennel: Chinese £700. Fenugreek: Turkish £290; Indian £395.
Valerian: European unquoted. Indian, no spot; £2,070, cif.
Witchazel leaves: No spot; £2,500 metric ton, cif.

Essential oils

Cedarwood: Chinese £3.40 kg spot; £3.10, cif.
Cinnamon: Ceylon leaf £3.30 kg spot; £3.10, cif; bark; English-distilled, £155.
Citronella: Ceylon £2.20 kg spot; £2.25, cif. Chinese £3.25 spot; £3, cif.
Clove: Indonesian leaf £2.35 kg spot; £2.20 cif. English distilled bud £57 spot.
Patchouli: Indonesia £24 kg spot; £23.50, cif.
Petitgrain: Paraguay £8.20 kg spot; £8, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Thursday, September 28

Bath Branch, Pharmaceutical Society, Cross Keys, Rowde, Nr Devizes at 8pm. Beer and skittles.

Wednesday, September 29

Barnsley Branch, National Pharmaceutical Association, Royal Hotel, Market Hill, Barnsley, at 8pm. "Are you in the picture" by Mr Don Ross.

Crawley, Horsham and Reigate Branch, Pharmaceutical Society, Red Cross Hotel, Reigate at 7.30. Social evening and pub sports.

Thursday, September 30

Hull Pharmacists' Association, Postgraduate centre, Hull Royal Infirmary, at 7.30. President's reception.

Friday, October 1

Torquay Branch, National Pharmaceutical Association, Medical centre, Torbay Hospital at 8pm. "Profit from your accounts" by Mr E.J. Downing.

Monday, September 27

Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Royal Infirmary, Leicester, at 8pm. Chairman's evening (to include cheese and wine).



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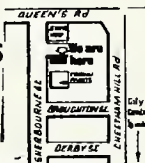
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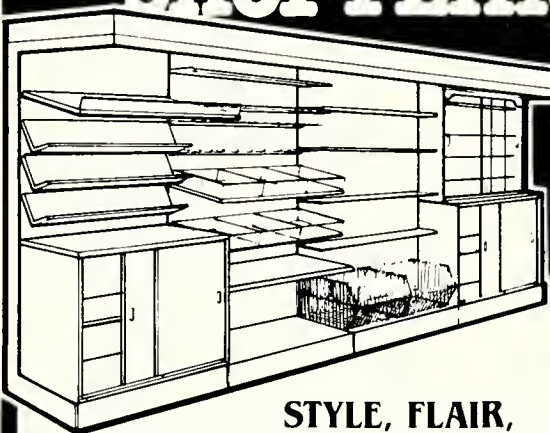
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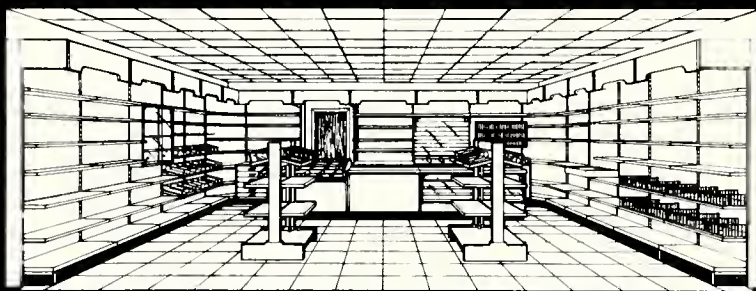
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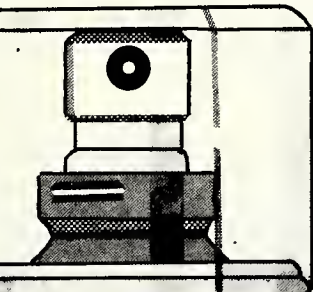
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